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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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SECRETARY OF PLOBIDA TALLAHASSEE, FLOBIDA

## **COVER LETTER**

TO: Registration S Division of Co			
	auto Sales of Miami LLC		
\$UBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Latrenda Rence Thompson	n-Simmons	
		Name of Person	
	National Auto Sales of Mi	ami LLC	
		Firm/Company	
	2101 NW 141 STREET B	AY # 3	
		Address	
	OPALOCKA, FL 33054		
		City/State and Zip Code	
•	CHEAPAUTOSALESMIA	MI@GMAIL.COM to be used for future annual report notif	<del></del>
For further information of	r-man address; to concerning this matter, please e	·	ication)
LATRENDA RENEE THOMPSON -SIMMONS		305 389 5044 at ()	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for t	he fallowing amount:		
	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Regist Divisio P.O. B	JNG ADDRESS: ration Section on of Corporations lox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Expensive Co.	n ations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

National Auto Sales of Mianti LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{11-14-2017}{11-14-2017}$  and assigned Florida document number \_\_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Latrenda Renee Thompson-Simmons Name of New Registered Agent: 2101 nw 141 st bav # 3 New Registered Office Address: Enter Florida street address Opa locka

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Latrenda Renee Thompson- Simmor S	2101 nw 141 street	AJd
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		Opa locka, fl. 33054	E Change
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00