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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 2 Auto Exchauce IIC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Liza Locares De Lem.
Name of Person Set Anto Exchange ffor Firm/Company
17847 Sharp Showed St.
City/State and Zip Code SLAUTOE+CHANGELLC OGMAIL. Com F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Siza Sasais De Ieon at (813) 28-7-2178 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$Certified

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \mathbf{OF}

n	O1						
SET NOTO E	colo Masa	0	I IN	9)			
	ity Company as it a Limited Liability			r records.)			
17 Hole	a mines manny	Compa	uiy,				
The Articles of Organization for this Limited Liability	Company were fi	iled or	11-	17-17	<u>7</u> a	nd assign	cd
Florida document number <u>L17000338613</u>	<u>L</u> .						
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lin							
The new name must be distinguishable and contain the words "Lin	nited Liability Com	pany,"	the designati	on "LLC" or t	he abbreviat	tion "L.L.C	
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADD.	RESS)					=	
						ے	<u> </u>
						72	 - 영화→
Enter new mailing address, if applicable:						7	227
(Mailing address MAY BE A POST OFFICE BOX)						K	_ 55% 535_
						9	
						7	- S.
B. If amending the registered agent and/or regi		ddress	on our	records, <u>en</u>	iter the n	iame of	the nev
registered agent and/or the new registered office add	iress here:						
Name of New Registered Agent:							
			-				
New Registered Office Address:		Enter	Florida stre	et address			
				, Florida	a		
	Cir	y		, 1 101101		Code	
New Registered Agent's Signature, if changing Registers	ed 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.

If 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 = Ma AMBR = Au	nnager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Sergio J De Rein	12847 Sharp Shine	1.25 Add
		12847 Sharp Shine Orlando fl 32837	X Remove
			Change
			□ Remove
			Change
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			Remove

_□ Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.				
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Signature of a member or authorized representative of a member	Date	16-6-18		
Signature of a member or authorized representative of a member				
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Filing Fee: \$25.00