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| (Re                     | questor's Name)    |           |  |  |
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| PICK-UP                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                     | siness Entity Nam  | e)        |  |  |
| (Document Number)       |                    |           |  |  |
| Certified Copies        | _ Certificates     | of Status |  |  |
| Special Instructions to | Filing Officer:    |           |  |  |
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

## COVER LETTER

| TO: Registration S<br>Division of Co |  |  |   |
|--------------------------------------|--|--|---|
| SUBJECT:                             | West <u>COAST AUTO GRO</u><br>Name of Limi   | oup 11-C<br>ted Liability Company  |   |
|                                      | of Amendment and fee(s) are sub-   | 1  |   |
| Please return all corresp            | pondence concerning this matter to   | to the following:  Radriguez  Name of Person   |   |
|                                      |  | ST AUTO GROWP<br>Firm/Company  |   |
|                                      |  | AVE N. #4  |   |
|                                      | <u>LANGO A</u><br>Rey ROD 7087   | City/State and Zip Code  O YAHOD, COM  o be used for future annual report to                               |   |
|                                      | concerning this matter, please ca  | ıll:   |   |
| Keynaldo<br>Name                     | Rud-iguez<br>of Person   | at (35-2) 55<br>Area Code Dayt   | ime Telephone Number  |
| Enclosed is a check for              | the following amount:  |  |   |
| \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status   | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Regis<br>Divis<br>P.O.               | LING ADDRESS:<br>stration Section<br>ion of Corporations<br>Box 6327<br>hassee, FL 32314 | STREET/COU<br>Registration Sec<br>Division of Corp<br>Clifton Building<br>261 Executive<br>Tallahassee, FL | oorations<br>Center Circle  |

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

| (Name of the Limited Liability Company   | ROUP LLC   |
|--|--|
| (Name of the Limited Liability Company (A Florida Limited Liab   | as it now appears on our records.)<br>ility Company)         |
| The Articles of Organization for this Limited Liability Company we Florida document number                                   | ere filed on   |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liabilit  | y company here:  |
| The new name must be distinguishable and contain the words "Limited Liability  | Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | SEGI<br>18   |
| (Principal office address MUST BE A STREET ADDRESS)  | JAH A  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | SSEE, FLORE  |
| Muning numers may be a rost office box)  |  |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | e address on our records, enter the name of the new          |
| Name of New Registered Agent: Reynolds   | Roduguez   |
| New Registered Office Address:   | Enter Florida street address                                 |
|  | , Florida  |
|  | City Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:  | 1  |

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: |                              |              |                                   |  |
|---|------------------------------|--------------|-----------------------------------|--|
|   | Manager<br>Authorized Member |              |                                   |  |
| <u>Title</u>  | <u>Name</u>                  | Address      | Type of Action                    |  |
| MCR   | Raynoldo Rodeiguez           | _/925        | Avris CIVEL Clearater & 33747 Add |  |
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| ffective date, if oth an effective date is liste | ner than the date of filed, the date must be specific  | ing:                                     | late of filing or mor | (option         | nal)<br>line ) Pursuant to 605 | 020         |
| lote: If the date inser                          | rted in this block does no<br>date on the Department o | ot meet the applicable                   |                       |                 |                                |             |
| e record specifies<br>The 90th day af            | s a delayed effective<br>ter the record is file        | e date, but not a<br>d.                  | n effective tin       | ne, at 12:01 a. | m. on the earlie               | er o        |
| ated   |  | _,                                       | ,                     |                 |                                |             |
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Page 3 of 3 Filing Fee: \$25.00