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N. CAUSSEAUX SEP 1 7 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DNA Auto Sales L.C. 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:
NAOMI BLACK Name of Person
tane of tessin
DNA Auto SAles L.C.
2590 Angler Drive
DELRAY BEACH FL 33445 City/State and Zip Code
E-mail address: (to be used for inture annual report notification)
For further information concerning this matter, please call:
National Day Low Firtherry Black at (561) 702-9127 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 \\$55,00 Filing Fee \&\Certificate of Status \&\Certificate of Status \&\Certified Copy \\ (additional copy is enclosed) \\ \Bigcup \\$60,00 Filing Fee, \\ Certified Copy \\ (additional copy is enclosed)

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 OF

(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L17000 25</u> 1535	spany were filed on $12/8/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability 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:	
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office addres	red office address on our records, <u>enter the name of the ne</u> s <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered A	<u>sgent:</u>
	—— d agree to act in this capacity. I further agree to comply with th

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Anthony Black		
	'	2590 Angler De. N	Cray FL 33445 Remove
			☐ Change
		 	
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the	ast be specific and plock does not n	I cannot be prior to neet the applicat		nore than 90 days af		
the record specifies a delayed The 90th day after the re			an effective	time, at 12:01	a.m. on the	earlier of:
Dated September Muoni		2018	- ·			
Maoni	Bla	C/C	ized representativ	e of a member		_
Naomi	Signature of a r	memer of audior	ir.ca representativ	c or a memora		

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Filing Fee: \$25.00