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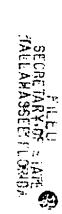
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TO: Registration Sect Division of Corp				
SUBJECT: CTe.	nuine Motor			
SUBJECT:		ited Liability Company		
	Traine of Birth	l		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Harm G	Segovi C	-	
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	5805 no	Address	streel	
		Address		
	Tampa	City/State and Zip Code MO+O/SCA/Sal to be used for future annual	10	
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	E-mail address: (to be used for future annual	report notification	n)
For further information cor	ncerning this matter, please ca	all:		
Harin Be	gene	at (S13)	802-	3473
Name of I	kerson	Area Code	Daytime Telej	pnone Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee a Certified Copy (additional copy is end		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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	G ADDRESS: ion Section		Γ/COURIER A ion Section	.DDKF22:
	of Corporations		of Corporations	S
P.O. Box	: 6327	Clifton E	uilding	
Tallahas	see, FL 32314		ecutive Center C see, FL 32301	Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Genuine mutors	car sales
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Diability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $12 - 29 - 2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	3 A S
	JAN -
Enter new mailing address, if applicable:	SEX.
(Mailing address MAY BE A POST OFFICE BOX)	3 1980
	-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
M.Ch.	ging Registered Agent Signature of New Registered Agent

Page 1 of 3

	Authorized Person(s) authorized to mana rom our records:	age, <u>enter the</u>	title, name, and address of each j	person being added
MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
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				Remove
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auner	Harun Begovic	Tan	100 fc 33617	Z Add
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n effecti ite: If t	ive date is listed, the dat the date inserted in th	the date of filing: e must be specific and ca sis block does not mee the Department of Stat	t the applicable			ing.) Pursuant to 60	
recor he 90	d specifies a dela Oth day after the	ayed effective dat record is filed.	e, but not ar	effective tim	e, at 12:01 a.r	n. on the earli	ier c
ed	1/3/	18		2	<i>:</i>		
		490	11				
			mber or authorized	representative of	member		
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Filing Fee: \$25.00