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COVER LETTER

Div	ision of Corp	porations				
SURIFCT:	Sandy Sansing Nissan of Foley, LLC					
SUBJECT.		Name of Limi	ited Liability Company			
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Michelle Sweeney				
			Name of Person			
		Sandy Sansing Nissan				
			Firm/Company			
		5705 Pensacola Blvd				
			Address			
		Pensacola, FL 32505				
			City/State and Zip Code			
		SweencyM@sandysansing.o				
		E-mail address: (t	to be used for future annual report notif	fication)		
For further in	nformation co	oncerning this matter, please ca	all:			
Michelle Sw			850 475-2905 at ()			
	Name of	Person	Area Code Daytime	e Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling Fee	☐ \$30.00 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)		

MAILING ADDRESS:

TO: Registration Section

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

Sandy Sansing Nissan of Foley, LLC	
(Name of the Limited Li (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ity Company were filed on 1/4/2018 (effective 1/1/2018) and assigned
Florida document number L18000005106	·
This amendment is submitted to amend the followin	ıg:
A. If amending name, enter the new name of the	limited liability company here:
Sandy Sansing Nissan of Foley Holding, LLC	
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 A	DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	v)
	7/3 B
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the 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 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 = Manager

<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
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September 12	2018	·				
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	ignature of a member or auti	norized representat	ive of a member			

Page 3 of 3

Filing Fee: \$25.00