118000036460

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T. CLINE
AUG - 7 72018
EXAMINER

COVER LETTER

TO: Registration So Division of Cor			
	A7 AUTO CENTER, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CLEITON CARDOSO		
	<u> </u>	Name of Person	. m
	DOMINIUM CONSULTI	NG SERVICES	
		Firm/Company	
	695 PIAZZA GRANDE A	VE - SUITE 206	
	_	Address	::-
	ORLANDO, FLORIDA -	32835	· .
		City/State and Zip Code	
	SERVICES@DOMINIUM		
		to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
CAMILA HORST		407 374-2329	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing 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)
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPITAL A7 AUTO CENTER, LLC		, 🕉
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) [Liability Company]	: =
The Articles of Organization for this Limited Liability Compan	y were filed on <u>02/09/2018</u>	and assigned
Florida document number L18000036460		
This amendment is submitted to amend the following:		22
A. If amending name, enter the new name of the limited lia	bility company here:	*··
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	Cny	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		ORLANDO, FL 32835	Remove
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Filing Fee: \$25.00