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(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
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## **COVER LETTER**

TO: Registration Section Division of Corpo		
CHINDO	Bada Bing Auto Sales LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Roman Titor	
	Name of Person	
	Bada Bing Auto Sales LL	
	Firm/Company	
	IIII E Main St	
	Lakeland, FL, 33801	
	Lakeland, FL, 33801  City/State and Zip Code  Roman + 93@aol.com	
-	E-mail address: (to be used for future annual report notification)	<del> -</del>
For further information conc	perning this matter, please call:	
Roman Ti	at (863) 669 - 693 Area Code Daytime Telephone	2
Name of Pe	erson Area Code Daytime Telephone	Number
Enclosed is a check for the f	following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee. ertificate of Status & ertified Copy dditional copy is enclosed)
	G ADDRESS: STREET/COURIER ADDR on Section Registration Section	ESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 FILED
Story OF PN 3: 43

Bada Bing Auto Sales LLC
(Name of the Limited Liability Company as it now appears on our record

( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appe ted Liability Company	ars on our records )	DE PROSE
The Articles of Organization for this Limited Liability Comp.	•	02/14	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited L	iability 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	·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			-
			<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fi	orida street address	
	City	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Age	•		Dip Civil
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	— agree to act in this lete performance o as provided for in	of my duties, and Chapter 605, F	d Lam familiar with and S. Or, if this document is
If C	Changing Registered 2	Agent, <u>Signature of</u>	New Registered Agent

	g Authorized Person(s) authorized to the form our records:	manage, <u>enter the title, name, and addre</u>	ss of each person being added
MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mgr	Roman Titor	III E Main St, Lake	197 FL MAdd
			☐ Remove ☐ Change
AR	Roman Titor		_ □ Add
		1111 E Main St, Lake	laal FL & Remove
			□ Change
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(If an effecti <u>Note:</u> If	date, if other than the date of filing:	onal) filing.) Pursuant to 605.0207 (3)( date will not be listed as the
f the recor (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 Oth day after the record is filed.	a.m. on the earlier of:
Dated	April 4th 2018.	
	The second secon	
	Signature of a member or authorized representative of a member	
	Roman Titov	
	Typed or printed name of signce	<del> </del>

Page 3 of 3

Filing Fee: \$25.00