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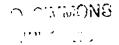


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TO:	Registration Sectorial Division of Corp	tion orations ** **.		All sales	
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SUBJ	ECT: KREEMIN	ENT AUTOHAUS, LLC	5. P. 1. 2. E-115 72		 _
Division of Corporations SUBJECT: PREEMINENT Automady Lieb 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: FERNANDO DE ARMAS Name of Person PREEMINENT AUTOMADY, LLC Firm/Company ICCASS NAME UNIT 9 Address MEDLEY FL 32178 City/State and Zip Code PREEMINENT AUTOMADY CHAIL COM E-mail address: to be used for future annual report notification) For further information concerning this matter, please call: FERNANDO DE ARMAS Name of Person Subject to the following amount: MEDLEY State States Area Code Daytime Telephone Number Enclosed is a check for the following amount: MEDLEY States Certificate of Status Certificate of Status Certificate Copy Label States Certificate of Status & Certificate Copy Label States Accepted to the concerning this matter. Please Certificate of Status & Certified Copy Label States Accepted to the certified Copy Label States Accepted to the Status Accepted to the certified Copy Label States Accepted to the certified Co					
The er	iclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		FERNANDO	DE ARNAS		···
			Name of Person		
		POFFALMENT	- Auroukos	,	
		Trumpen	Firm/Company	<u> </u>	
		incad No	89TH AVE UNIT	9	
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		MEDLEY 1	FL 33178	_ 	
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		E-mail address: (1	to be used for future annual	report notification)	·
ror tu	rther information coi	ncerning this matter, please ci	III:		
Ιz	pulation DE	Doube	7810 2	52-51271	
1 6			at (<u>fb@</u>) <u>Z</u> Area Code	Daytime Teleph	one Number
Enclos	sed is a check for the	following amount:			
ছद S2	25.00 Filing Fee		Certified Copy		

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 ARTICLES OF ORGANIZATION **OF**

PREEMINENT AUTO HAV	as it now appears on our records.)
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company w	rere filed on <u>C2 = 15 = 18</u> and assigned
florida document number <u>LiBcco44523</u> .	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabilit</u>	ty 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:	19
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	PI
Mailing address MAY BE A POST OFFICE BOX)	
muning data cas man man to the control of the case of	
B. If amending the registered agent and/or registered officered agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the n</u>
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address , Florida City Zip Code

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
ANBR	PAUL LA BARRIE	30830 DW 19TH AVE,	Add
		HOMESTEAD FL, 33030	⊠ Remove
			Change
MBR	SEBASTIAN JULIAO	4421 JOHNSON ST.	Ø Add
		HOLLYWOOD FL, 33021	☐ Remove
			☐ Change
			∰ Add
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		signature of a m	iember or authori	red representativ	fot a memt	ner		

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