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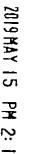




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## COVER LETTER

TO: Registration Section Division of Corporations	
BLUWAY AUTO SALES LLC	
SUBJECT: Name of Limited Li	ability Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Alexander	DouglaS Name of Person
Bluway Au	ito Sales LLC
	lillsborough Ave #128
Tampa Fl	Address 33615
ASISCAT E-mail address: (to be)	y/State and Zip Code  2 @ 9 mail. Com  sed for future annual report notification)
For further information concerning this matter, please call:	
Alexander Douglas	at (813) 501 2027
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
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 TO ARTICLES OF ORGANIZATION OF

Bluway Auto Sales LLC

The Articles of Organization for this Limited Liability Company were filed on <u>03 05 2018</u> and assigned Florida document number <u>L18000057128</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AS IS CARZ LLC

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: (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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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.

Page 1 of 3

If Changing Registered Agent. Signature of New Registered Agent

	rom our records:	mage, enter the title, name, and address or cac	
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
N/A			
			Remove
			Change
			Remove
			☐ Change
			Add
			☐ Remove
			□ Change
<del></del>			□ Add
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			Change
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			Add
			Remove
			Change

If amending any other information, enter change(s)	here: (Attach additional sheets, if necessary.)
N/A	
. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 applicable statutory filing requirements, this date will not be listed as the ecords.
the record specifies a delayed effective date, be  b) The 90th day after the record is filed.	out not an effective time, at 12:01 a.m. on the earlier of:
Dated Friday 05 10 2	019
	or authorized representative of a member
Alexander	Douglas
Typed	or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00