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DEMISSION OF CORPORATION

B FIGUEROA

APR 0 2 2019

COVER LETTER

Division of Corp	orations		
Blountst SUBJECT:	own Auto LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Renec C	rawford	
		Name of Person	
	Ruth Att	away CPA	
		Firm/Company	
	16216 N	W Ashley Shiver Road	
		Address	 -
	Altha, Fl	. 32421	
		City/State and Zip Code	
		aycpa@gmail.com o be used for future annual report notific	
For further information co	ncerning this matter, please ca		caucii)
	ncerning this matter, please ca		
Renee Crawford		850 674-2995 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

MAILING ADDRESS:

Registration Section

TO:

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

BLOUNTSTOWN AU	JTO LLC	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed onMARCH 12, 2018	and assigned
Florida document numberL18000064514	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
BLOUNTSTOWN AUTO CENTER LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
	<u> </u>	
B. If amending the registered agent and/or regi	_	nter the name of the
registered agent and/or the new registered office ad	<u>aress nere</u> :	6 5 5 6 6 6 6 6 6 6 6 6 6
		ASION OF
Name of New Registered Agent:		<u> </u>
No Delandor Allan		0 0
New Registered Office Address:	Enter Florida street address	3 97
	The state of the s	rie S
	, Florid	~
	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>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			harioga Services
			That AR And de Co.
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7. If amending a	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•	•	
		
		
		
		
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E Effective date	if other than the dute of filings (ontional)	
Note: If the da	t, if other than the date of filing:	Pursuant to 605,0207 (3)(bill not be listed as the
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. of lay after the record is filed.	n the earlier of:
Dated	3/27 2013 John A. Malla Signature of a member or authorized representative of a member	
	Al & male	<u> </u>
	Signature of a member or authorized representative of a member	- BEC
	JOHN I. MALLORY	SION OF CO
	Typed or printed name of signee	PA OF SECTION
		TA NO.
	Page 3 of 3	- 3m

Filing Fee: \$25.00