L18000 101062

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DIVISION OF CORPORATIONS

N COOPER MAY 2 5 2018

COVER LETTER

TO: Registr Divisio	ation Section n of Corpora	tions		
SUBJECT:	ECON	O RARZ Name of Lim	Auto SAle	SLLC
The enclosed Ar	ticles of Ame	ndment and fee(s) are sub	omitted for filing.	
Please return all	corresponden	ce concerning this matter	to the following:	
	_	Rober	T. RUSSU Name of Person	
	~-	ECONON	CARZ Auto S	sales ilc
	_		N. Combee R	
	_	Lakel	AND Flow da	, 33801
		E-mail address: (ECONOKARZ.	cation)
For further infor	mation concer	ming this matter, please ca	all:	
Robert	Name of Pers	155 <u>U</u>	at (<u>863</u>) <u>221</u> - Area Code Daytime	1300 Telephone Number
Enclosed is a cho	eck for the fol	lowing amount:		
\$25.00 Filing	g 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 Registration Division of 0 P.O. Box 63 Tullahassee,	Section Corporations 27	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited I	.iability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000 101062</u>	were filed on Apil 2	.3, 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	J/Δ
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		a DIVI
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
[Frincipal Office duaress MOST BE A STREET ADDRESS)		2 F
		
Enter new mailing address, if applicable:		CORPORATION AT
(Mailing address MAY BE A POST OFFICE BOX)		2
		2 H
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		ords, enter the name of the new
New Registered Office Address:		
	Enter Florida street ad	ldress
	<u>_</u>	, Florida
	Спу	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie, provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

Page 1 of 3

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 = At	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Amber H. Russo	680 ALBOL Glev CI	<u>⊢</u> □ Add
		Apt. 301	□ Remove
		LAKe LANd, 71.33805	Change
			🗆 Add
			□ Remove
			Change
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			D Remove
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			Change
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fective date, if other than the date of filing:	Pursuant to 605.0207 (will not be listed as t
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o The 90th day after the record is filed.	on the earlier of:
ned 27 April 2018	
Koseett Runs	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00