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(Re	questor's Name)	
bA)	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TQ: Registration Sect Division of Corpo			
SUBJECT:	E CONO KALZ Name of Lim	L Auto Sales ited Liability Company	LLC
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	8.
Please return all correspond	lence concerning this matter	to the following:	SEE SEE
	Robe	Name of Person	FLOAULT CALL
	ECONO K	Arz Auto Sa Firm/Company	iles, LLC.
		Combee Rd.	
	LAKelAN bob @	City/State and Zip Code City/State and Zip Code Cono Ray 2 to be used for future annual report not	33801 Com
For further information con	cerning this matter, please ca		
Robert 7	T. Russo erson	at (<u>863</u>) <u>221</u> Area Code Daytin	- 1360 ne 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 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

ECONOKARZ Auto Sales LLC, (Name of the Limited Liability Company as it now appears on our records.)
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on April 23, 2018 and assigned Florida document number 18000 101062.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation ".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: N/A
New Registered Office Address:
Enter Florida street address
Florida
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

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = , Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address TODIANA AVE.	Type of Action
MGR	Frank M. Russo	Address 10406 INDIANA AVE. APt.82 RIVERSIDE, CALIF. 9250 -5398	Add Francisco
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Page 3 of 3

Filing Fee: \$25.00