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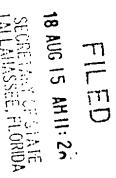
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MON REVE AUTO SALES LLC 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:
Ermane MICHEL Name of Person
Firm/Company
563 Fer Guson der suite 4
or Lando FL 32805
Cortando FD Moneson 19804© OUTLANT Cor E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ermane MICHEL at (407) 485-2849 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

18 AUG 15 AH II: 2=
TALLAHASSESSI SIA ==

MON REVE AUTO	SALES LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number \underline{L} 18000138008	were filed on DYLAN dOFL and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	r Prises LLC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4524 BEAGlest Orlando FL 32818
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: 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.

City

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							
Title ;	<u>Name</u>	Address	Type of Action				
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Filing Fee: \$25.00