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(R	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Dx	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: PC	hay Auto S	Sales LC ed Liability Company		
	Amendment and fee(s) are subnondence concerning this matter to			
	<u>Vanique</u>	Name of Person		
		Firm/Company		
	6301 N Uni	Versity Or Apt	118	
	Tamarac, f	Florida 33321 City/State and Zip Code	·	
	Van que pre r	o be used for future annual report notific	ation)	20 APR
For further information of	concerning this matter, please ca	11:		نقوا –
Vanique	Prenay of Person	at (954) B99 Area Code Daytime T	3771 Telephone Number	I MHID: 02
Enclosed is a check for t	the following amount:			ن ي. در
□ \$25.00 Filing Fee	S30.00 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 enclose)	
Mailing Addre		Street Address: Registration Sect	ion	

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

trenay Auto Sale	S LLC
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000165772</u>	were filed on July 9, 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:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 a	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
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	ee 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>amib</u> r	Vanique Prehay	6301 N. University Dr. A	DI-CIVOR DISS
	r	6301 N. University Dr. N Tamarac, FL, 33321	□Rem ove
			Change
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					_	CON ted name of					

Filing Fee: \$25.00