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And the

SECRETARY OF STATE

118 NOV -7 PM 3.

COVER LETTER

TO:	•	tion Section of Corporati	ons			
SUBJE		o Automotive	of Gainesville, LLC			
50001		···	Name of Limi	ted Liability Company		_
The en	closed Artic	eles of Ameno	ment and fee(s) are subr	nitted for filing.		
Please	return all co	orrespondence	concerning this matter t	o the following:		
		Υι	e Jiang			
				Name of Person		
		Fa	rgo Automotive of Gaine	esville, LLC		
				Firm/Company		
		47	00 SW Archer RD APT	98		
				Address		
		Ga	inesville, FL. 32608			
				City/State and Zip Code		_
		goji	angyue@gmail.com			
				o be used for future annual re	eport notification)	
For fur	ther inform	ation concern	ing this matter, please ca	II:		
Damin	Daming Wu 352 2788384 at ()					
		Name of Persor		Area Code	Daytime Telephone Nur	nber
Enclos	ed is a chec	k for the follo	wing amount:			
■ \$2:	5.00 Filing	Fee 🗆 🕽	30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certi osed) Certi	0 Filing Fee, ficate of Status & fied Copy ional 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2018 NOV -7 PM 3: 34

SECRETARY OF STATE TALLAMASSEE, FL

Fargo Automotive of Gainesville, LLC

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	any were filed on and assigned
Florida document number	
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 I	.iability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	5)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the no</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	. FIOTILIA

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Yue Jiang	4700 sw archer rd apt 98	
		Gainesville, FL, 32608	■ Remove
		···	Change
AMBR	Sining Xu	3006 SW Archer RD apt 77	a Add
		Gainesville, FL, 32608	□ Remove
			□ Change
			□ Add
			☐ Remove
			Change
			☐ Remove
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			Remove
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			□ Remove
			□ Change

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Signature of a member or authorized representative of a member							
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	Yue Jiang	Tuned	or printed nar	no of riones			

Page 3 of 3

Filing Fee: \$25.00