(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900317412849

08/22/18--01015--016 **30.00

AUG 2 5 2018 T SCHROEDER

COVER LETTER

KICO'S A SUBJECT:	UTO SALES LLC		
SUBJECT:	Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: RAMON FANA Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: and of Person and Of Person Daytime Telephone Number		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	RAMON FANA		
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	ail:	
RAMON FANA		at ()	
Name (of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

TO:

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

KICO'S AUTO SALES LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 08/07/2018	and assigned
lorida document number L18000189374		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
KRR UNIQUE AUTO SALES LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRES.	<u> </u>	## 5 <u>1</u>
		7.2 7.2 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5
Enter new mailing address, if applicable:		1.05 V
Mailing address MAY BE A POST OFFICE BOX)		39 10,
		•
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street address	
	T21	t.t.
	, Flori	Zio 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 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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Remove
			Remove
			OF S Add ORIDA
			OF S AIC Add
			☐ Change
			☐ Remove
			Change
			□ Remove
			Remove

- 			.			 	
-	-						
							
						<u> </u>	
				<u> </u>	TA S		
						AUG	-10
					\$2.55 \$2.55	22	_
		_				P	İ
	. -					ப்	
-					ORIUA	_ ယ 	
		<u> </u>					
fective date, if other than the date in effective date is listed, the date must bote: If the date inserted in this block cument's effective date on the Department.	e specific and cannot cools not meet the	e applicable s		ore than 90 days			
record specifies a delayed e The 90th day after the recor		but not an	effective ti	me, at 12:0)1 a.m. on	the ea	ırlier
AUGUST 13	201	8					
$\overline{}$. \ -						
<u> </u>	gnature of a member	-					-

Page 3 of 3

Filing Fee: \$25.00