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COVER LETTER

	Registra Division				ı
	KRF	UNIQI	JE AUTO SALES LLC		1
SUBJECT:				ited Liability Company	· -
The encl	osed Arti	cles of A	mendment and fee(s) are sub	omitted for filing.	
Please re	turn all co	rrespon	dence concerning this matter	to the following:	
			RAMON FANA		
				Name of Person	— 1
				Firm/Company	-
					1
				Address	-
				City/State and Zip Code	
			F-mail address: t	to be used for future annual report notification)	_
For furth	er inform	ation co	ncerning this matter, please of		ļ
		Name of	Person	at ()	
		value or	COSOII	Area Code Dayune Telephone Nume	æ.
Enclosed	l is a chec	k for the	following amount:		}
□ \$25.0	00 Filing	Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy(is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations			STREET/COURIER ADDRESS:	,	
		of Corporations	Registration Section Division of Corporations	1	
		P.O. Bos Tallahas	x 6327 see, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRR UNIQUE AUTO SALES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000189374	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	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14014 NW 19TH AVE	
(Principal office address MUST BE A STREET ADDRESS)	OPA LOCKA, FL 33054	
		
Enter new mailing address, if applicable:	14014 NW 19TH AVE	
(Mailing address MAY BE A POST OFFICE BOX)	OPA LOCKA, FL 33054	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		ETAGE NOV-
Name of New Registered Agent:		me m
New Registered Office Address:	Enter Florida street address	55 & O
	, Fiorida	<u> Se s</u>
N. Davida da de Circa da Maria Da Cara da Davida da Circa	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		ļ
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (m familiar with and Or, if this document is
Tf Char	nging Registered Agent, <u>Signature of New</u>	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>	<u>Address</u>	Type of Action
MGR	RUBTHER A PENA ABREU	900 NE 195TH ST APT 115	
		MIAMI. FI, 33179	☐ Remove
) □ Change
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). II amend	ing any other information,	enter change(s) here: /Attach a	adanional sneets, y necessary	v. <i>j</i>	
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			 .	2018 NOV	TI
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				E. FLORID	
F Effective	date, if other than the date	of filing:	(optional)		<u>.</u>
(If an effecti Note: If	ive date is listed, the date must be sp the date inserted in this block d	ecific and cannot be prior to date of fili- bes not meet the applicable statutor nent of State's records.	ng or more than 90 days after filing.) Pursuant to 605	.0207 (3)(b) ed as the
f the recor b) The 90	d specifies a delayed effe Oth day after the record i	ective date, but not an effec s filed.	tive time, at 12:01 a.m.	on the earlie	er of:
Dated No	OVEMBER 5	2018			
	18:1	ture of a member or authorized represe			
	ŕ	ture of a member or authorized represe	entative of a member		
	RAMON FANA	Typed or printed name of si	unee		
		Types or printed mane of si	D	T .	

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Filing Fee: \$25.00