# 4/80002/1653

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Special Instructions to Fili	ing Officer:	

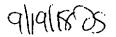
Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations	•		
subject: Dade	Name of Limited Liab	e 5 ility Company	
The enclosed Articles of Amendment a	nd fec(s) are submitted fo	or filing.	
Please return all correspondence concer	ming this matter to the fo	llowing:	
	11bert	Pedraso ame of Person	
	F	irn/Company	
	946 sw	139th Address	
	gmi, TC		
	AL 3 Marine E-mail address: (to be use	tor future annual repo	o ~ rt notification)
For further information concerning this	matter, please call:		
Albert Pedroso		at ( <u>786</u> ) 7	25-1052
Name of Person		Area Code D	laytime Telephone Number
Enclosed is a check for the following a	mount:		
	cate of Status	55,00 Filing Fee & Certified Copy additional copy is enclosed	Certificate of Status & Certified Copy (additional 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, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dade Auto So	sles LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	is as it now appears on our records.) inbility Company)	
The Articles of Organization for this Limited Liability Company v	were filed on $952018$	and assigned
Torida document namber		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
East Dade Auto Sales		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		• •
		<u> </u>
		· •¶
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		the name of the new
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 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>	Name	Address	Type of Action
_P_	Kelly M Gonzales	10946 SW 139th pl Miami FC 33186	
		Miam: FC 33186	D Remove
			Change
<u> P</u>	Kelly M. Gonzalez	10946 SW 139th place Miami, FC 33186	CC DAdd
	v	Miami, FC 33186	☐ Remove
			Change
			Change
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			Change
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			Change
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			Remove
			Change

If amending any other information, enter change(s) here: (Attach additional shee	ets, if necessary.)
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9  Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as
ne record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	12:01 a.m. on the earlier o
Dated 911 2018  About House  Signature of a member or authorized representative of a mem	ber
Albert Pedroso Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00