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ТО:	Registration So Division of Cor		ar and a second			
4 SUBJE		oast Aamco LLC				
S(/Dar.		Name of Lim	ited Liability Company			
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please i	return all correspo	ondence concerning this matter	to the following:			
		Sara Rasmussen				
			Name of Person			
			Firm/Company		-	
		736 NW Waterlily Place				
		Jensen Beach, FL 34957	Address		2010 SEP	Υ
		sara.aamco@gmail.com	City/State and Zip Code		21 AX Nave of NSSEE F	
			to be used for future annual report noti	fication)	8: 8: 8	,
For furt	ther information c	oncerning this matter, please c	all:		⊕# 2	
Sara Ra	asmussen		813 943-4684			
	Name o	r Person	Area Code Daytim	e Telephone Number		
Enclose	ed is a check for th	he following amount:				
□ \$25	5.00 Filing Fee	₩ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Treasure Coast Aamco LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/12/2018 and assigned Florida document number __1.18000216798 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Treasure Coast Automotive Authority LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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 City 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the d an effective date is listed, the date must b ote: If the date inserted in this bloc ocument's effective date on the Dep	e specific and cannot be prior to dat k does not meet the applicable s	e of tiling or more than 90 statutory filing requirer	(optional):) days after filing.) Pr	≠ irsuant to 605.020
e record specifies a delayed of The 90th day after the recor	effective date, but not an d is filed.	effective time, at	12:01 a.m. on	the earlier
September 14	2018			
Sara	Rasmuss	icn 2		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00