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S. PRATFILL?

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Dex Community Auto Sales LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas Nadery Name of Person
Our Community Auto Sales Firm/Company
4105. Ohlahoma St.
Bonifay FL 32425 City/State and Zip Code
Con Common: +y Auto Enles LLC @gma. 1. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Aclery at (850) 481-2588 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

Our Community Al	Company as it now appears on our records.)
(A Florida I The Articles of Organization for this Limited Liability Cor Florida document number <u>L 1800022108</u>	****
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	4105. Ohlahoma St Bonifay FL 32425
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4105. Ohlahoma St. Bonifay FL 32425
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	omas Nadery
New Registered Office Address:	5. Ohluhoma St Enter Floridu street address
Bo	Florida 32425

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Thomas Eugene Nadery	410 S. Oklahoma St. Bonifay FL 32425	= Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
		<u></u>	Change
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			Change
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			□ Remove
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			☐ Remove
			☐ Change

D. If amending any oth	er information, en	iter change(s) here	e: (Attach additio	nal sheets, if neces	sary.)
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	I, the date must be spec ted in this block does	rific and cannot be prior is not meet the applica	able statutory filing		nal) ling.) Pursuant to 605.0207 (late will not be listed as t
f the record specifies b) The 90th day aft			t an effective ti	me, at 12:01 a.	m. on the earlier of:
Dated Novemb	er 7	2018	—:		2
			/		2018 NG
		re of a member or author	3 .	of a member	NOV -7 TH
	/ /	5 Eupere		-v*	rn.

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Filing Fee: \$25.00