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D. SCOTT DEC 2 0 2019

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: MA	So Auto Sa Name of Lin	les & Finance nited Liability Company	e CC
The enclosed Articles of	Amendment and fee(s) are sub-	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u>C17.2105</u>	D Bues (
	MAG Auto	Sales & Fina Firm/Company	ince UC
	4004 010	1 Goldenrud Address	<u> 7d.</u> =;
	Lylando CARLOS BU E-mail address:	City/State and Zip Code Les 75 George to be used for future annual aport noti	il com
For further information c	concerning this matter, please c	all:	- N
CAR LLS D	Bueso (Person	at (407) 235 Area Code Daytim	e Telephone Number
Enclosed is a check for the	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)
MAIL	INC ADDDESC.	CONTRACTOR OF THE CONTRACTOR O	

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

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 10518 Florida document number L180 DO 236589 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 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
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Filing Fee: \$25.00