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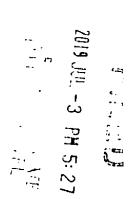
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R. WETT 1921 15 1. .

COVER LETTER

SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARSHA SIHA				
	INCFILE.COM LLC	Name of Person			
	Firm/Company 17350 STATE HWY 249 STE 220				
	HOUSTON, TX 77064	Address			
	EFILE1234@INCFILE.CO				
For further information c	E-mail address: (concerning this matter, please ca	to be used for future annual all:	report notification)		
MARSHA SIHA		855 82	9-9090		
Name e	of Person	Area Code	Daytime Telephone	Number	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Closed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed	
	ING ADDRESS:		T/COURIER ADDR	ESS:	

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

TO:

Registration Section Division of Corporations

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

TO

ARTICLES OF ORGANIZATION	•			
OF		•	-	30

ACCELERATION AUTO SALES LLC 2018 101 - 2 DM C o	-
ACCELERATION AUTO SALES LLC 2018 1:11 - 3 PM 5: 2 (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 10/17/2018 - 10/17/2018 - 10/17/2018	nd assign
Florida document number $\frac{L18000244582}{L18000244582}$.	
Florida document number	
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 abbreviat	ion "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 n	nama of
registered agent and/or the new registered office address here:	ianic or
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
AMBR	YOSVANIJIMENEZ	31 LIME ST	
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		ENGLEWOOD, FL 34223	
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Filing Fee: \$25.00