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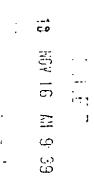
(Req	uestor's Name))
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	iling Officer:	<u>-</u>





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COVER LETTER

TO:	Registration Sect Division of Corpo							
SUBICA	MAYA SOE							
SUBJEC	-1;	Name of Lim	ited Liability Company					
The encl	osed Articles of Ar	nendment and fee(s) are sub	mitted for filing.					
Please re	eturn all correspond	lence concerning this matter	to the following:					
			MARIA FLOR					
			Name of Person					
		U	NITED AUTO CENTER					
			Firm/Company					
		4650 SW 51 ST BAY 714						
			Address					
		Address DAVIE,FLORIDA 33314						
			City/State and Zip Code					
		E-mail address: (to be used for future annual report notific	ation)				
For furth	er information con	cerning this matter, please ca	all:					
	MARIA FLOR		954 945-5607 at ()					
	Name of P	erson		Felephone Number				
Enclosed	is a check for the	following amount:						
□ \$2 5.	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)				

MAILING ADDRESS:

TO:

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

MAYA SOBE LL	C		
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on ou liability Company)	r records.)
The Articles of Organization for this Limited L	iability Company	were filed on04/16/2	and assigned
Florida document number P 18000034514			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Liabi	ity Company," the designati	
Enter new principal offices address, if applic	able:	N/A	ن
Principal office address MUST BE A STREE	T ADDRESS)		
			6
			
is amendment is submitted to amend the following: If amending name, enter the new name of the limited		N/A	<u>්</u>
Mailing address MAY BE A POST OFFICE	BOX)		, 66
			records, enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stre	et 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>	<u>Name</u>	Address	Type of Action
MGR	BAIRON VERA	4650 SW 51 ST. #714 DAVIE.FL 33314	■ Add
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			Change
			Add
			☐ Remove
			☐ Change
	·		□ Add
			Remove
			□ Cĥange
			□ Add
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		10/26	/2018						
fective date, if other than th	e date of fili	ng:				(option	al)		c 02
an effective date is listed, the date muote: If the date inserted in this b	lock does not	t meet the ap	plicable s	e or ming o tatutory fi	r more tnan 90 ling requirer	nents, this c	ling.) Pursus late will no	ant to 60: ot be list	5.020 ted a
ocument's effective date on the I	Department of	f State's reco	ords.						
e record specifies a delaye	d effective	date, but	not an	effective	e time, at	12:01 a.i	m. on th	e earli	ier :
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NOVEMBER.13		2018							
ated	-(~	-· 	 ·						
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Page 3 of 3

Typed or printed name of signee