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COVER LETTER

TO: **Registration Section** -2 **Division of Corporations** with LLC te Auto SUBJECT: mited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonatan Almonte to Auto Wholesa lers South LLC Firm/Company 540 N State Road 434 Suite 5-A Altamonte Springs FL CityState and Zin Code hole saler @ gmail. Com

For further information concerning this matter, please call:

Almonte at (407) Davtime Telephone Number

Enclosed is a check for the following amount:

D \$25.00 Filing Fee

e

S30.00 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:

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
ТО
ARTICLES OF ORGANIZATION
OF
Elife Auto Wholesalers South 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 $10/29/2018$ and assigned
Florida document number <u>L 18000 2530 67</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Auto City Whole Salers LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name mast be disangurshable and contain the words. Existing disability company, the designation Title, of the acceptation Title.
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

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	ASE 19				
New Registered Office Address:	Enter Florida street address 22 2 2				
	Enter Florida street address 357 \sim $-$				
New Registered Agent's Signature, if changing Registered Agent:					
New Registered Agent's Signature, if changing Registered Agent:					

I hereby accept the appointment as registered agent and agree to act in this capacity. Effective agree to comply with i 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. Thereby 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
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E. Effective date, if other than the date of filing: <u>UVIC</u> <u>CUIC</u> (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNC 2019 Signature of a member or authorized representative of a member Jonatan pratan Almonte Typed or printed name of signee

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Filing Fee: \$25.00