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(Requ	iestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	iment Number)	······································
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DEC 13

S. PRATHER

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: B	ealible Au	to Sales LLC	
		an cashing coupers,	
The enclosed Articles of Art	nendment and fee(s) are sub-	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Damari	S Manaual	<u>.</u>
	Realible	1 days of t cases.	· · · · · · · · · · · · · · · · · · ·
	1/29 N	Segrave St.	
	1	Address	
	Daytona B	each, FL 321	<u> 14</u>
	Realible autosa	City/State and Zip Gode (185 (9 9 mai/), Com o be used for future annual report notificati	ion)
For forther information come		·	ui,
For further information conc	1		
Damaris Mar	1906	at (860) 796-70 Area Code Daytime Tel	79
Name of Po	rsson	Area Code Daytime Tel	ephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 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 TO ARTICLES OF ORGANIZATION

OF

Realible Auto	Sales LLC	
(Name of the Limited Li (A Fi	ability Company as it now appears on our record- orda Limited Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liabili Florida document number	ity Company were filed on	and passigned
This amendment is submitted to amend the followin	g:	SS ASS
A. If amending name, enter the new name of the	limited liability company here:	MA A B B B B B B B B B B B B B B B B B B
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	or the abbreviation "L.E.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	8	, enter the name of the nev
		
New Registered Office Address:	Enter Florida street address	f
_		orida
	Сиу	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

0 111 11

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 = Au	thorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>AMB</u> R	Damaris Mangual	729 N Segrave st Daytona Beach, FL 32	DE Add
	•	Daytona Beach, FL 32	114□ Remove
			□ Change
			Add
			C Remove
			☐ Change
			Add
			Remove
		<u> </u>	Change
			Add
			C Remove
			Change
		Add	C Add
			C Remove
			Change
	,		Cl Add
			Remove
			Change

<u></u>	ing any other information, enter change(s) here: (Attach additional sheets, if nece	
,		
		
		
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fective	date, if other than the date of filing: (option we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	nal) filing.) Pursuant to 605,0207
ote: If t	he date inserted in this block does not meet the applicable statutory filing requirements, this 's effective date on the Department of State's records.	date will not be listed as
Cumen	3 circuite date on the pepartness of base 5 records.	
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a	.m. on the earlier of
	Oth day after the record is filed.	
ited	December 17 . 2018.	
	R N O	201 6
	Signature of a member or authorized representative of a member	713 DEC 234 BIOS
	$D \sim M$	FILE D
	Typed or printed name of signee	
	•	71 (9) IN FIGURE

Filing Fee: \$25.00