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SECRETARY OF STATE
TALLAHAS SESTATE

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## **COVER LETTER**

TO:

ro: Registration S Division of Co			
SUBJECT:	ONE STO	P AUTO DEALERS	LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matth	iew White	
		Name of Person	2021 SEC TA
,		Firm/Company	PSEP -9 PRETARY ALLIAHA
		R MEADOW CIRCLE Address	SSE PR I
	ORLANDO		3: 01 STATE E. FL
	Mwhite @ one	City/State and Zip Code  Stop auto DENERS Com to be used for future annual report noti	Mantion
for further information (	concerning this matter, please c		nearony
Matthew	White	at ( <b>ฯงา</b> ) <b>820</b> - ฯ	
Name (	of Person	Area Code Daytim	e Telephone Number
inclosed 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 enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa-	nv as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 12/19/2018 and assigned
Florida document number <u>18000290767</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
One Stop Auto Pros LLC The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new	202 SEC 774
The new name must be distinguishable and contain the words "Limited Liabil:	ity Company," the designation "LLC" or the appreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	02 02
Enter new mailing address, if applicable:	2020 Corner Meadow Circle
(Mailing address MAY BE A POST OFFICE BOX)	Orlando FL. 32820
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
igent and/or the new registered office address here:	
Name of New Registered Agent: Math	hew White
New Registered Office Address: 2020 C	orner Meadow Circle  Enter Florida street address
_ orlun	City , Florida 32820

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
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effective date is lise. If the date ins	ther than the date sted, the date must be s serted in this block of e date on the Depart	pecific and cannot blocs not meet the	applicable statuto.	ng or more than 90 d ry filing requireme	_ (optional) ays after filing.) P nts. this date wi	ursuant 10 605.020 Il not be listed a
cord specifies a c filed.	lelayed effective dat	e, but not an effec	ctive time, at 12:0	l a.m. on the earlie	er of: (b) The S	Oth day after the
d <u>Septi</u>	ember 1st Sign	, <u>20</u>	21			
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