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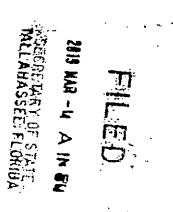
(Red	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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MAR 1 2 2019 T. LEMIEUX

COVER LETTER

SUBJECT:	ACR AUTO SALES LLC		
SUBJECT:	Name of Lir	mited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sul	bmitted for filing.	
Please return all cor	respondence concerning this matte	r to the following:	
		CHRISTOPHER A. RESIGA	
		Name of Person	
		ACR AUTO SALES LLC	
	 	Firm/Company	
		334 DEVONSHIRE LN	
		Address	
		JACKSONVILLE, FL 32073	
		City/State and Zip Code	
	ACIZ cars	Dahuo Cam (To be used for future annual report noti	
C E L I - E			neation)
CHRISTOPHE	tion concerning this matter, please of R A RESIGA	904 417-5	5388
N	ame of Person	at ()	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee 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

Registration Section Division of Corporations

TO:

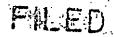
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ACR AUTO SALES 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 JANUAR OF STATES OF STATES SIGNED L19000007181 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 abbreviation "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 name of the new registered agent and/or the new registered office address here: CHRISTOPHER A. RESIGA Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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.

City

f 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>	<u>Address</u>	Type of Action
MGRM	CHRISTOPHER A. RESIGA	NO CHANGE	
			Remove
			Change
MGRM	AMOS C. RESIGA	NO CHANGE	□ Add
			☐ Remove
			Change
			
			□ Remove
			□ Change
			Add
			☐ Remove
			Change
		 	
			Remove
			☐ Change
			Add
			☐ Remove
		<u> </u>	Change

PLEASE ADD MIDDLE INITIA	AL OF "C" TO OFCER AMOS RESIGA. NO OTHER CHANGES NEEDED
.	
ective date, if other than the date	te of filing: (optional)
effective date is listed, the date must be s	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
e: If the date inserted in this block tument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listertment of State's records.
	fective date, but not an effective time, at 12:01 a.m. on the earlie
he 90th day after the record	is filed.
FEBRUARY 28	2019
ed	
//hm//	nature of a Hember or authorized representative of a member
, Simm	nature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00