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(Cit	y/State/Zip/Phone	: #)
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Amend

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COVER LETTER

	of Corporations	
APS SUBJECT:	AUTO SALES LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	•
	Kullen T. Sourdiff	
	Name of Person	
	APS AUTO SALES LLC	
	Firm/Company	
	12220 Atlantic Blvd STE 108	
	- Address	
	Jacksonville, FL 32225	
	City/State and Zip Code ksourdiff@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	
Kullen T. Sourdif	904 220-9464 ·	
	at () Name of Person Area Code Daytime Telephone Number	_
Enclosed is a chec	k for the following amount:	
■ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Cop (additional copy	f Status & by

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

APS 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 $\frac{03/07/2019}{1}$ and assigned Florida document number $\frac{L19000066214}{}$ 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 "LLC." 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: Kullen T. Sourdiff Name of New Registered Agent: 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.

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	Kullen T. Sourdiff	12220 Atlantic Blvd STE 108	Add
		Jacksonville, F1. 32225	□ Remove
			■ Change
			Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			☐ Remove
			Change
			□ Add
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If the date inserted in this	ust be specific and cannot be prior to date block does not meet the applicable st Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 6 atutory filing requirements, this date will not be li
cord specifies a delaye 90th day after the re		effective time, at 12:01 a.m. on the ear
June 26	2019	
	2 1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00