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	(Requestor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions	to Ciling Officer	
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## **COVER LETTER**

TO:	Registration So Division of Co			
eum ir	A 1181	RAUTO SALES , LLC		
SUBJE	CI:	Name of Lin	ited Liability Company	<del></del>
		Amendment and fee(s) are sub		
r icase i	eturi an correspo	JUAN ANTONIO DUAR	_	
		J & A CAR AUTO SALE:	Name of Person S. LLC	····
		110-098 W. SENECA AV	Firm/Company E	
		TAMPA FLORIDA 33612	Address	
		duartejuan l 619@gmail.com		
For furt	her information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	ification)
JUAN A	A DUARTE COF	ELLO	201 647-1248 at()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne 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)
	MAIL	ING ADDRESS:	STREET/COUR	IFR ANDRESS

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

J & A CAR AUTO SALES ,LLC	`			9
(Name of the Lin	ited Liability Com (A Florida Limite	pany as it now appears on o d Liability Company)	ur records.)	
The Articles of Organization for this Limited		ny were filed on $\frac{03/06/20}{1}$	19	and assigned \(\cd{\cd{\cd{\cd{\cd{\cd{\cd{\cd{\cd{
Florida document number L19000067787				至了
This amendment is submitted to amend the fo	llowing:			and assigned in the second in
A. If amending name, enter the new name	of the limited li:	ability company here:		<b>4.</b>
NA				
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designate	ion "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appl	icable:	NA		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent an registered agent and/or the new registered			records, enter th	e name of the n
Name of New Registered Agent:	N/A		•=-	
New Registered Office Address:		<u> </u>	<del></del>	
		Enter Florida stre	vet address	
			, Florida	
		City		Zin Code

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
MGRM	DOLORES E. COELLO FUENTES	14910 ROCKY LEDGE DR TAMPA FL 33625	
			■ Remove
	JORGE A. TRUJILLO PENA	LANCO DOCUMA EDICA DE	Change
AP	JORGE A. TRUJILLO PENA	14910 ROCKY LEDGE DR TAMPA FL 33625	
			Remove
			Change
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Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	must be specific and cannot be price block does not meet the appli	or to date of filing or more than icable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605,0207 ( ements, this date will not be listed as t
the record specifies a delay ) The 90th day after the r	ved effective date, but n ecord is filed.	ot an effective time, a	t 12:01 a.m. on the earlier of:
04/24 Dated	2019		
	) <u> </u>	 .te.c	
	سرا المعدا		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00