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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	Shart-El At	utomotive LLC		
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		William Levin		
SUBJECT: Shart-El Automotive LLC Name of Limited Liability Company				
		986 SE Federal Hwy	Firm/Company	
		Stuart, Fl 34994	Address	
		bille61 <i>7@</i> aol.com	City/State and Zip Code	
		E-nvail address: (to be used for future annual report noti	fication)
For fur	ther information e	oncerning this matter, please ca	all:	
Willian	m Levin			
	Name o	f Person		e Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$ 2:	5.00 Filing Fee		Certified Copy	Certificate of Status &

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

Shar-El Automotive 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 ^{june 17, 2019} _____ and assigned Florida document number L19000160767 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
Ambr	Roberto Schwartzmann		
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		Stuart, FL 34994	≘ Remove
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	08/20/2019	
Effective date, if other than the da	ite of filing: (optional)	
	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to does not meet the applicable statutory filing requirements, this date will not be	
document's effective date on the Department		
	ffective date, but not an effective time, at 12:01 a.m. on the e	arlier of:
The 90th day after the recor	is filed.	
August 20	2019	
Dated August 20		
Mall ann		
Vo mily Si	gnature of a member or authorized representative of a member	_
William Levin		

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Filing Fee: \$25.00