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TO:	Registration S Division of Co			P	gad"
SUBJEC	I-95 AUCT	ΠONS. LÉC	•		7 · •
		Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub	-		
	·	William P. Jacobson Esq.	-		
			Name of Person		
		William P. Jacobson P.A.			
			Firm/Company		
		105 S. Narcissus Avenue S	Suite 200		
			Address		
		West Palm Beach FL 3340)1		
		Bill@wpjlaw.com	City/State and Zip Code to be used for future annual re	mar natitioniani	
For furth	er information c	concerning this matter, please co		рот почисацоп)	
Bill Jaco	bson		561- 833-4 at ()		
	Name o	of Person	Area Code	Daytime Teleph	one Number
Enclosed	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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1-95 AUCTIONS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 07/05/2019 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number _ 19000178242 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: 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 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
MGR	SUSAN ROTUNA	975 S. CONGRESS AUE + 117 DELTAY BOACH FL 33445	2
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Signature of a member or authorized representative of a member Gerald Rotuna (optional) (optional)							
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