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## **COVER LETTER**

то:	Registration Sec Division of Corp			
SUBJE		AUTO SALES, LLC		
30031		Name of Lim	ited Liability Company	<del></del>
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		VALENTIN DE MOYA		
		_	Name of Person	
		DE MOYA AUTO SALES	S, LLC	
			Firm/Company	
		4324 SW 121ST LN. APT	205	
			Address	
		MIRAMAR, FL 33025		
			City/State and Zip Code	
		aynoutsourcing@gmail.com		
			to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all:	
VALE	NTIN DE MOYA		305 746-4311	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclose	d is a check for the	e 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DE MOYA 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 08/01/2019 Florida document number L19000196933 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." 4699 N Dixie Hwy # 86 Enter new principal offices address, if applicable: Deerfield Beach, FL 33064 (Principal office address MUST BE A STREET ADDRESS) 4324 SW 121st Ln Enter new mailing address, if applicable: Apt. 205 (Mailing address MAY BE A POST OFFICE BOX) Miramar, FL 33025-3741 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 \_. Florida \_ 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>	Name	Address	Type of Action
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record specifies a delayed effo he 90th day after the record i	ctive date, but not an effective time, at sfiled.	12:01 a.m. on the earlier
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Filing Fee: \$25.00