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## **COVER LETTER**

TO:

Registration Section

Division of C	orporations				
	A AUTO SALE, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles (	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	VALENTIN DE MOYA				
	Name of Person  DE MOYA AUTO SALE, LLC  Firm/Company  4324 SW 121 LANE, APT 205  Address  MIRAMAR, FL 33025-3741				
	Name of Person  DE MOYA AUTO SALE, LLC  Fith/Company  4324 SW 121 LANE, APT 205  Address  MIRAMAR, FL 33025-3741  City/State and Zip Code demoyaautosales@gmail.com  E-mail address: (to be used for future annual report notification)  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	4324 SW 121 LANE, APT	205			
		Address			
	MIRAMAR, FL 33025-37	41			
		City/State and Zip Code	<u> </u>		
			<u> </u>		
For further information	concerning this matter, please c	all:	11 (34 01 0 0 0 0 0		
VALENTIN DE MOYA			<del></del>		
Name	e of Person		e Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
			ction		
Division of Corporations		Division of Cor	porations		
	32 <i>1</i> 5, FL 32314		allahassee e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DE MOYA AUTO SALE, 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  $\frac{08/01/2019}{...}$ Florida document number 1.19000196933 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DE MOYA AUTO SALES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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.

City

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
VP	ROSA JULIA GENAO	4324 SW 121 LANE	□ Add
		APT 205	□Remove
		MIRAMAR, FL 33025-3741	<b>≡</b> Change
			□Add
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ite: If the date inserted in this bloc	c does not meet the applicab	date of filing or more than le statutory filing requir	90 days after filing.) Pursuant to ements, this date will not be	605.0207 listed as
cument's effective date on the Dep	artment of State's records.			
ecord specifies a delayed effective of	late, but not an effective tim	e at 12:01 a.m. on the e	arliar of the The Ofth day	after the
is filed.	ace, out the air encetive this	c, at 12.01 a.m. on the c	arrier (i. (b) The 30th day	arter the
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Si	gnature of a member or authori	#d. #ed representative of a me	mber	_