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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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C. GOLDEN

## **COVER LETTER**

TO: Registration Section Division of Corpor		
SUBJECT:	JR auto sals LLC	
	Name of Limited Liability Company	
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Maria Robles	
,	Name of Person	
	JR cuto sales LLC	
	Firm/Company	
	14124 Hicks Road	
	Address	
	Hodson, Fl. 34669 City/State and Zip Code	
	City/State and Zip Code	
-	E-mail address: (to be used for future annual report notification)	
For further information conc	erning this matter, please call:	
<u>Maria</u>	at (8/3) 606 · 9492  rson Area Code Daytime Telephone Number	
Name of Pe	rson Area Code Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing	Fee.
ζ ,	Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & py

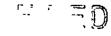
MAILING ADDRESS:

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



Jlac	rto sa	les LL	<b>d</b> 2019	985726 PM 1:16
(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears on or lability Company)	ir records.)	· ·
The Articles of Organization for this Limited Liab Florida document number	oility Company 2086 9	were filed on	-15-19	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ty Company," the designat	ion "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applical	ole:	14124 H	10KS Ri	oad
(Principal office address MUST BE A STREET	ADDRESS)	toudson,	<u>f(, 3</u>	£669
			_	<del>-</del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
		-		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter	the name of the new
Name of New Registered Agent:	<del>`</del>	ARIA DO		
New Registered Office Address:	141	24 HC1  Enter Florida str	<u> </u>	sad
	- Hu	10.		34669
		Citu		Zin Coda

#### 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 Title Name **Address** Type of Action Jania Robles ☐ Change □ Add □ Remove \_\_\_\_ □ Change \_\_\_\_\_ Change \_D Add \_□ Remove \_\_\_\_\_ Change \_□ Add \_□ Remove \_\_\_\_ □ Change \_□ Remove

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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be pi te: If the date inserted in this block does not meet the app cument's effective date on the Department of State's recor	(optional)  rior to date of filing or more than 90 days after filing.) Pursuant to 605.01 plicable statutory filing requirements, this date will not be listed rds.
The 90th day after the record is filed.	
sed September 24, 201	19. Las
Signature of a member or a	uthorized representative of a member  Mana Koble S

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00