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Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121 : (305)758-9001 Phone Fax Number : (786)410-6035

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RUSSELL'S AUTO GROUP LLC

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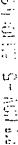
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DocuSign Envelope ID: 3FF17DCA-A478-494E-A208-093A229EC3D8 AKTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

((H190003262363))

RUSSELL'S AUTO GROUP LLC			_
(Nama of the Limited Linkii (A Florid	ity Company as R now appears or a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability (Florida document number L19000256162	Company were filed on 10/10	/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:	:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the design	mation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent:	istered office address on o dress here:	ur records, enter	the name of the new
New Registered Office Address:	Enter Floride	sireei address	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of m agent as provided for in Ch red office address, I hereby	y duties, and I am f apter 605, F.S. Or,	amiliar with and if this document is nited liability
	If Changing Registered Ages	t. Signature of New Re	eistered-Aceni
	Page 1 of 3	100 ACC	- 5
		9	: :

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II strenuting 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
MGR	COSHAINE AUBREY RUSSELL	10108 SW 13TH ST	□ Add
		PEMBROKE PINES, FL 33025	☐ Remove
			■ Change
			□ Add
			Remove
			☐ Change
		□ Remove	
		Change	
			Add
		☐ Remove	
			Change
			Add
			☐ Remove
			Change
			□ Add
			□ Петюче
			Change

19 000326 236 31 DocuSian Envelope ID: SFF17DCA-A478-494E-A208-083A228EC3D8
D. Ti anticiduing any other information, einer change(s) here: (Attach additional sheets, if necessary E. Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated November 5th 2019

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Typed or printed name of signee

"" Signature of a member or authorized representative of a member

COSHAINE AUBREY RUSSELL

Flling Fee: \$25.00