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Special Instructions to	Filing Officer:	

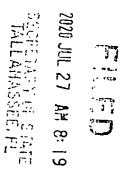
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## **COVER LETTER**

Division of Cor	rporations				
KISS AUT SUBJECT:	O SALES LLC				
SUBJEXT,	Name of Lim	ted Liability Company			
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	Amendment and fee(s) are sub				
Please return all correspo	ondence concerning this matter	to the following:			
	SAVANAH SMITH				
	_	Name of Person			
	KISS AUTO SALES LLC				
		Firm Company	<del></del> _		
	11178 COMMERCIAL W	ΑY			
		Address			
	WEEKI WACHEE, FL 34	614			
		City/State and Zip Code			
	SALES@KISSAUTOSALE	S.COM to be used for future annual report notification		() ~	
For further information of	concerning this matter, please of		,	020 JU ECRE	<b>سائ</b> ند،
SAVANAH SMITH		727 ×77-5477		2020 JUL 27 SECRETARY TALLAHA	H-WES
Name (	of Person	at ()at ()	ephone Number	AH 8: I	
Enclosed is a check for t	he following amount:			1 1 1 9 E	
11 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Contadditional contaddition	of Status &	

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

KISS 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  $\frac{01/23/2020}{------}$ \_ and assigned Florida document number 1.20000028836 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 "LLC." 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>	Address	Type of Action
MGRM	SAVANAH SMITH	11178 COMMERCIAL WAY	
		WEEKI WACHEE, FL 34614	□Remove
			<b>■</b> Change
MGRM	JEFFREY KLANG	11178 COMMERCIAL WAY	<b>=</b> Add
		WEEKI WACHEE, FL 34614	□Remove
			©Change
			□Add
			Remove  Remove  Remove  Remove
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Filing Fee: \$25.00