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COVER LETTER

Registration Section

Division of Corporations

TO:

Ken-Cin's SUBJECT:	Auto Group LLC	•	•
SUBJECT:	Name of Lin	aited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cynthia Digiacomo		
		Name of Person	
	Ken-Cin's Auto Group LL	С	
		Firm/Company	
	27905 Lisa Dr		
		Address	
	Tavares FL, 32778		
		City/State and Zip Code	
	kencinsautogroup@gmail.c	om	•
	E-mail address: (to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
Cynthia DiGiacomo		352 406-1775 at ()	
Name	of Person	Area Code Daytir	me Telephone Number
Enclosed is a check for	the 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 Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our Liability Company)	records.)
were filed on $\frac{2/13/2020}{}$	and assigned
oility company here:	
lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
1101 South 14th Street	
Leesburg, FL 34748	S TALLE
	10 P
	203
address on our records,	enter the name of the new registered
Enter Florida street	t address
	, Florida
•	Zip Code
	y. I further agree to comply with the ies, and I am familiar with and
,	ility company here: lity Company," the designation 1101 South 14th Street Leesburg, FL 34748 Enter Florida street City:

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>	<u>Name</u>	Address	Type of Action
MGR	Cynthia DiGiacomo	27905 Lisa Dr	
		Tavares FL 32778	□Remove
			□Add
			□Remove
			□Change
			
			Remove
			Change
			□Add
			Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			Remove
			Change
			□Add
			□Remove
			□Change

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	re date, if other than the date of filing: (optional)
f an effec <u>Note:</u> It	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
f an effect Note: If document e record	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records. 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
if an effective in the second of the second	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records. 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
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