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## **COVER LETTER**

Division of Corp	porations			
SUBJECT:	egit Aut Sale Name of Lim	SLLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of 6	Amendment and fee(s) are sub	mitted for filing		
		_		
Please return all correspor	idence concerning this matter	to the following:		
	丁 「	ack Valente Name of Person		
		Name of Person		
	Legi	+ Avto Sales LL( Firm/Company	<u>1</u>	
	9	Firm/Company	_	
	P.O. B	00x 991004 Address		
		Address		
	Abole	15 F2 34116		
		City/State and Zip Code		
	legito	City/State and Zip Code  authoSWF/ A gmail.	Com	13 1510
	E-mail address: (t	to be used for future annual report noti	fication)	20 HAR
For further information co	ncerning this matter, please ca	all:		35 VM
Jack	Valente	at (631) 495-6 Area Code Daytim	0589	FOUND TO SHOULD
Name of	Person	Area Code Daytim	e Telephone Number	OF STATE
Enclosed is a check for the	e following amount:			
XI 525.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is a	atus &

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

Legit Aut	to Sales LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{3/18/3030}{}$ and assigned
Florida document number <u>L 2000055054</u> .	
This amendment is submitted to amend the following:	_
A. If amending name, enter the new name of the limited fiabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" 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 and and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Flogida street address
	Enter Flotata street adaress
	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publications of the proper and complete packed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amunding 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
AMBR	Carrie Valente	411 14th St. SE	Add
		411 14th St. SE Naples F2 34117	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Remove
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		· · · · · · · · · · · · · · · · · · ·	□ Add
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(If an effective Note: If the	date, if other than the date of filing:
the record sp cord is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member  Typed or printed name of signee
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00