00 58200

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(, , ,		
(Cit	ry/State/Zip/Phone	e #)
—		
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	 ne)
•	•	,
(00	cument Number)	
Certified Copies	_ Certificates	s of Status
0	F111	
Special Instructions to	Filing Officer:	

Office Use Only



900341702759

03/10/20--01007--015 ++25.00

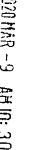
RECEIVED

MAR 0 9 2020

S TALLEN" MAR 2 6 7070







COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: BO	y Avea A	Uto DecilerS, ited Liability Company	LLC.
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Luke	Dials Name of Person	
	Bay Ave	a Auto Deale	ors, LLC.
	30214	941 Terrace	South
	St. Pete	rsburg FL :	33712
	Classical Street	City/State and Jip Gode O S S C S C G G G G G G G G G G G G G G G	mail Com
For further information co	ncerning this matter, please ca	all:	
Name of	D'als Person	at (5/8) 980 Area Code Daytime	6-0763 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:	<u> </u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

1

Bay Area	Auto	Dealt	ers h	<u> LC.</u>	
(Name of the Limite	<u>d Liability Compan</u> A Florida Limited Li	y as it now appears ability Company)	s on our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>A D O O O</u>	ability Company v	were filed on)	<u>2-19-</u>	<u>2020</u> and a	ssigned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company he	<u>re</u> :		
The new name must be distinguishable and contain the wo	ords "Limited Liabilii	ty Company," the de	esignation "LLC" o	r the abbreviation "	L.L.C."
Enter new principal offices address, if applica	ble:				- <u>-</u>
(Principal office address MUST BE A STREET	<u>"ADDRESS)</u>				020 HA
					- 9
Enter new mailing address, if applicable:					2 -
(Mailing address MAY BE A POST OFFICE E	(<u>OX)</u>				0 30
B. If amending the registered agent and/or reagent and/or the new registered office address	•	ddress on our re	ecords, <u>enter th</u>	e name of the n	ew registere
Name of New Registered Agent:	Jon	athan	Orjue	la Jim	enez
New Registered Office Address:	6/35	Enter Flor	AVENU ida street address	e N. S	ute f,
	Clea	<u>v Water</u>		ida <u>3374</u> Zip Code	<u>'20</u>

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

<u>Title</u> AMBR	Name Jonathan Oryuela	Address Simenez 114 Cinnamo Valrico, FL 33594	Type of Action Bark 1
	\mathcal{S}	Valrico, FL 33594	□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove □Change
			□Remove
			□Change

D. If amending any other inforr	nation, enter change(s) here	: (Attach additional sheets, if n	ecessary.)
The r	egistered ag	ent is the	Same Person
as list	ed on avious	nal documen	/ /
Illo no	me was	72/12/ 2000///	ont lu
<u> </u>	me was si	effea fricorre	<u> </u>
<u> </u>	<u> equest/doc</u>	ilment (Nav	19e 15 10
make	the name	Correction	
		*	
			
			
			
			
·		· · · · · · · · · · · · · · · · · · ·	
E. Effective date, if other than t (If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to block does not meet the application.	(op to date of filing or more than 90 days at able statutory filing requirements,	otional) der filing.) Pursuant to 605,0207 (3)(b his date will not be listed as the
f the record specifies a delayed effectecord is filed.	tive date, but not an effective tir	ne, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated	3 , 200	20	
	Signature of a member or autho	rized representative of a member	
	\mathcal{A}		
	Typed or printe	d name of signee	

. . . .