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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Central	Florida Auto S Name of Limi	ales and Rep.	air LLC	91914 <u></u>
		Name of Limi	ted Liability Company		
The enclosed	Articles of Ame	ndment and fee(s) are subi	nitted for filing.		
Please return	all corresponder	ce concerning this matter t	to the following:		
		Douglas Central florid	Name of Ferson		LLC
	٦				
	-	714 N. WABA			
		Centralfloridae E-mail address: (1		ail.com	
For further in		rning this matter, please ca		eport notification)	
100	Name of Per	sbin5	at (<u>863</u>) <u>Z</u> Area Code	Daytime Telephone	: Number
Enclosed is a	check for the fo	llowing amount:			
∕ ∆ \$25.00 F	iling Fee C	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encle	osed) (60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Reg Div P.O	ling Address: distration Sect vision of Corp. Box 6327 lahassee, FL 3	orations	Division The Cen 2415 N.	dress: tion Section t of Corporations tre of Tallahasse Monroe Street, see, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Central Florida Auto Sales and Lepair LLC

(Name of the Elimited Flability Compan (A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 20000073263</u> .	were filed on <u>MACCh 05,202</u>	o and assigned
This amendment is submitted to amend the following:	: 	2020
A. If amending name, enter the new name of the limited liabil	itty company nere:	[5] [5] [5] [5] [5] [5] [5] [5] [5] [5]
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the ab	breviason "LLC."
Enter new principal offices address, if applicable:	714 N. WABASH AVE	
(Principal office address MUST BE A STREET ADDRESS)	714 N. WABASH AVE LAKELAND FL. 33815	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	716 N. WHBASH A LAKELAND FL, 33815	VE
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florido	
-	, Florida	Zıp Code
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 a 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		□Remove	
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Change
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe Note: I	te date, if other than the date of filing:
e record rd is file	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
Dated _	3/16/2020
	Signature of a member or authorized representative of a member
	algulative of a metallic of authorized representative of a metallic