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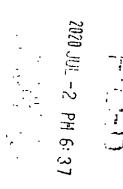
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AUG 1 4 2020 S. YOUNG

COVER LETTER

TO: Registration Section

Division of Cor	porations					
	D AUTO. LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	CHRISHONDA ORSBOR	N.				
	CHRISHONDA OKSBOR					
		Name of Person				
	KC UNITED AUTO, LLC					
		Firm/Company				
	12339 LAWSON CREEK	DR				
		Address				
	JACKSONVILLE, FL 322	118				
		City/State and Zip Code				
	KCUNITEDAUTO@GMA	IL.COM				
	E-mail address: (to be used for future annual report no	otification)			
For further information c	oncerning this matter, please co	all:				
CHRISHONDA ORSBORN		904 314-9403 at ()				
Name of Person		Area Code Dayti	me Telephone Number			
Enclosed is a check for th	ne following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres Registration S		Street Address: Registration S	ection			
Division of Corporations		Division of Co	Division of Corporations			
P.O. Box 632		The Centre of				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KC UNITED AUTO, LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 04/29/2020	and assigned
Florida document number 1.20000116127	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
		203
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation L.L.C."
Enter new principal offices address, if applicable:		press
Principal office address MUST BE A STREET ADD	DRESS)	N
		3
		<u>න</u> ය
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		·
3. If amending the registered agent and/or register gent and/or the new registered office address here		name of the new register
gent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	la
	City	Zip 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 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
D	Nakisha Williams	1298 Biscayne Grove Lane Jacksonville, FL 32218	■Add
			□Remove
			□Change
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			□Remove
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ective date, if other the effective date is listed, the tee: If the date inserted in ument's effective date o	date must be specific and this block does not t	d cannot be prior to meet the applicab	date of filing or mor de statutory filing	(optio e than 90 days after (requirements, this	illing.) Pursuant to 60)5.020 sted as
cord specifies a delayed s filed.	effective date, but not	t an effective tim	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day aft	er the
JUNE 26TH		2020				
	/////	•	<u>.</u> .			
1 Alread	1 / //- /					
1. rust	Signature of a	member or authori	zed representative o	f a member		