121000094552

(Requestor's Name)
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(Dalle Con California)
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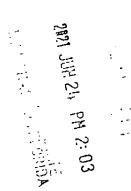
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	INITY AUTO SALES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Martin Rosenow, Esq,		
		Name of Person	
	Rosenow Law P.A.		
		Firm/Company	
	3336 Virginia St.		
		Address	
	Miami, FL 33133		
		City/State and Zip Code	
	mdr@rosenowlaw.com	to be used for future annual report noti	fication
For further information of	concerning this matter, please c	·	nearion
Martin Rosenow		305 856-0058	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ONITY AUTO SALES LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Corida document number 1.21000096552	Company were filed on 02/26/2021		and assigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the lim	ited liability company here:		2821 55
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	LC" or the abbr	
Enter new principal offices address, if applicable:		<u> </u>	*
Principal office address MUST BE A STREET ADDI	RESS)	. <u>.</u>	
		5	, ., .
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		<u></u> .	 _
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>ent</u>	er the name	of the new regist
gent and of the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street add	Iress	
		Florida	
	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

Title	<u>Name</u>	Address	Type of Action
MGR	David Ruiz Sanchez	2112 US Highway 92 W	□ Add
		Auburndale, FL 33823	≣Remove
			□ Change
			🖸 Add
			□Remove
			□Change
			□Add
			Remove 2 Change
			PH 201Add CO Add Remove
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			□Remove
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			□Change

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ective date, if other than the	date of filing:	(anti	ional)
effective date is listed, the date must	be specific and cannot be prior to de	ate of filing or more than 90 days afte	r filing.) Pursuant to 605.02
e: If the date inserted in this bid ument's effective date on the De		statutory filing requirements, th	is date will not be listed
cord specifies a delayed effective s filed.	date, but not an effective time,	at 12:01 a.m. on the earlier of: (1	b) The 90th day after th
June 19	2021		
-u	·		
	10		
	Signature of a member or authorize	<u> </u>	