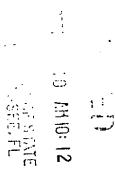
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URBAN SIGNATURE AUTO SALES LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

QHody

### **COVER LETTER**

Division of Corp	orations		
SUBJECT: Wb	an Signatu Name of Lim	1-c Auto Sale ited Liability Company	es LIC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
		Name of Person	
		Numb of Felipori	
		Firm/Company	
	<del></del>	Address	<del></del>
		City/State and Zip Code	
	F-mail address: (	to be used for future annual report noti	(ication)
For further information co	oncerning this matter, please ca		
	4		
Phito Mont	Person	at ( <u>\$/3</u> ) <u>72 H</u> Area Code Daytim	<u>-8903</u> e Telephone Number
, talle of			
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fec	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>i</u>	Street Address:	
Registration S	ection	Registration Sec	
Division of Co	ornorations	Division of Cor	norations

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

Registration Section

TO:

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

<u>VABAN SIGM</u> (Name of the Limited Lin (AFR)	VATURE  Ability Company as it now apported Limited Liability Company	AUTO pears on our records.  ny)	SALES )	LLC
The Articles of Organization for this Limited Liabilit	y Company were filed on			gned
This amendment is submitted to amend the following	g:			
If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  calling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered				
The new name must be distinguishable and contain the words "	Limited Liability Company," t	he designation "LLC"	or the abbreviation "L.I	L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET AL	DRESS)			
				<u>_</u>
Enter new mailing address, if applicable:			761	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX		· · · · · · · · · · · · · · · · · · ·	ج ؟ <u>:</u> يَسْمِ	: 
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			1.00	
B. If amending the registered agent and/or registered and/or the new registered office address here	ered office address on ou <u>re</u> :	ir records, <u>enter tl</u>	he name of the new	registered
			프 7	
Name of New Registered Agent:				·
New Registered Office Address:				
	Enter	Florida street address		
		, Flor		
	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 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>	<u>Name</u>	Address	Type of Action
AR	Khalilaa McDuffi	c 1814 Flat Branch	<u>\</u> □Add
		ct Valrico FL 3359	1 Exemove
			Change
<u>mer</u>	Khalilaa McDoffi	c 1814 Flat Brach	_ CÉACIO
		ct Valrico FL 3350	∐ □Remove
			□Change
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If am	ending any other		· ·				•		
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Note:	ive date, if other to fective date is listed, the If the date inserted nent's effective date	in this block	loes not meet	the applicable statut	וטווז זט אווויו	e than 90 day	(optional) ys after filing ts, this date	.) Pursuant	to 605.0207 e listed as
recor d is fi								ie 90th day	y after the
ated	6/10/	2021	Office at a member of a member	er or authorized repre	sentative o	f a member		<del></del>	
		Phito	Mon Type	Liston d or printed name of	signee				<del></del>

Filing Fee: \$25.00