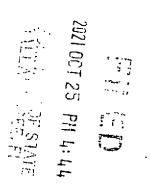
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## **COVER LETTER**

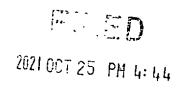
TO: Registration Se Division of Cor			<b>*</b>	
	SALES LLC	•	ď	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	SUHEI RIVERA MARRE	ERO		
		Name of Person		
		Firm/Company		
	1530 TIVOLI DRIVE			
		Address		
	DELTONA, FL 32725	City/State and Zip Code		
For further information a	E-mail address: (oncerning this matter, please c	to be used for future annual report not	fication)	
		910 494-7207		
SUHEI RIVERA MARRERO  Name of Person		at ()	ne 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	ation	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CJA AUTO SALES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document number <u>L21000364939</u>	· ·	and assigned
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "I	LC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
<del></del>		Florida
	Сйу	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>	<u>Address</u>	Type of Action
MBR	CARLOS SEVILLA	1024 DAWSON DRIVE	□Add
		DELTONA, FL 32725	■Remove
			Change
AMBR	SUHEI RIVERA MARRERO	1530 TIVOLI DR	<b>=</b> Add
		DELTONA, FL 32725	□Remove
			□Change
			□ Add
		-	□Remove
			□Change
			□Add
			Remove
			□Change
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			□Change
			□Add
			□ Remove
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Filing Fee: \$25.00

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