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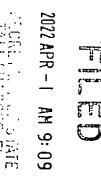
(Requestor's Name)
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(Business Entry Name)
(Document Number)
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of 4/16/2022

COVER LETTER

TO:	Registration Sec Division of Corp				
		SALĖS LLC			
SUBJI	.CT:	Name of Lim	ited Liability Company		
The en	closed Articles of /	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
		JOSE MOLINAREZ			
			Name of Person		_
		BMP AUTO SALES LLC			
		·	Firm/Company		_
		1516 NORTH MAIN STR	EET		
			Address		
		GAINESVILLE, FL 32601	1		
			City/State and Zip Code		
		TAX@SANDERS-FINANO			-
			to be used for future annual	report notification)	
tor fur	ther information co	ncerning this matter, please co	all;		
TAMN	IY SANDERS		352 528 at ()	3-6615	
	Name of	Person	Area Code	Daytime Telephone Numb	ег
Enclose	ed is a check for the	e following amount:			
≣ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certific losed) Certific	Filing Fee. cate of Status & cd Copy nal copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 6327 (Tallahassee, F	ection oppòrations 7	Division The Cer 2415-N.	Idréss: ation Section a of Corporations atre of Tallahassee -Monroe Street, Suite assee, FL 32303	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR -1 AM 9:09

BMP AUTO SALES LLC

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

TALLAHASSEE, FI

	-	•	0
The Articles of Organization for this Limited		on <u>03/02/22</u>	and assigned
Florida document number 1.22000107728	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability comp:	any here:	
he new name must be distinguishable and contain the	words "Limited Liability Company	"the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		and the
B. If amending the registered agent and/or egent and/or the new registered office addr		our records, <u>enter the na</u>	ame of the new register
generalized the new registered strice addi-	cos nere		
Name of New Registered Agent:	SANDERS BOOKKEEPIN	G & TAX SERVICES INC	
New Registered Office Address:	20931 NE HWY 27		
	En	ter Florida street address	***
	WILLISTON	. Florida	32696
	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
MGR	JOSE L MOLINAREZ	1516 NORTH MAIN STREET	■Add
		GAINESVILLE, FL 32601	□Remove
			TChange
			□ Add
			□Remove
			□Add
			Remove
			□Remove
			UChange
			
			□Remove
			□ Change
			LiAdd
			□Remove
			□Change

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an effec <u>ote:</u> H	edate, if other than the date of filing:
ecord is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
	ARCH 30 2022
nted _	
nted _	Ellechers G Dones
ated _	Signature of a mymber or authorized representative of a member

Filing Fee: \$25.00