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## **COVER LETTER**

TO: Registration Section

Division of Corp	porations		•
A & D QUA	ALITY AUTO SALES, LLC		*
SUBJECT:	Name of Him	ted Elability Company	
	Amendment and fee(s) are sub-		
Please return all correspo	ndence concerning this matter i	to the following:	
	AVDIJANA DELIC		
		Name of Person	
	A & D QUALITY AUTO	SALES	
		Firm/Company	
	5521 BARKER ST		
		Address	<del></del>
	JACKSONVILLE, FL 323	207	
		City/State and Zip Code	2073
	delicavdijana@gmail.com F-mail address: 11	to be used for future annual report notification)	1000 E 200 - 3 - 100 - 100 - 3 - 100 - 100 - 3
For further information c	oncerning this matter, please co		
AVDIJANA DELIC		270 418-5380	
Name o	f Person	Area Code Daytime Telephone N	Number ~~~
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co	0.00 Filing Fee, entificate of Status & entified Copy ditional copy is enclosed:
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
P.O. Box 631 Tallahassee.		2415 N. Monroe Street, S	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & D QUALITY AUTO SALES.		
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records,)
The Articles of Organization for this Limited L		8/23 and assigned
This amendment is submitted to amend the fol		
A. If amending name, enter the new name (	of the limited liability company he	<u>re</u> :
the new name must be distinguishable and contain the	words "Limited Liability Company," the de	rsignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Inter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE	(BOX)	
Thinng and Can Maria 12 12 12 12 12 12 12 12 12 12 12 12 12		** ;
B. If amending the registered agent and/or	registered office address on our re	ecords, enter the name of the new registe
igent and/or the new registered office addre		r., 10
Name of New Registered Agent:	AVDIJANA DELIC	
New Registered Office Address:	5521 BARKER ST	
New Registered Office Address.	Emer Flor	ida street address
	JACKSONVILLE	, Florida 32207
	Cin	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.

IV 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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name .	<u>Address</u>	Type of Action
MGR	AVDIJANA DELIC	5521 BARKER ST	
		JACKSONVILLE, FL 32216	□Remove
			<b>≡</b> Change
			□Add
			□Remove
			□ Change
	·		□Add
			☐Remove ☐Change
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DELIC AVDIJANA ON SUNBIZ.	
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ctive date, if other than the date of filing:	(optional) late of filing or more than 90 days after filing.) Pursuant to 605.0
$\pm$ If the date inserted in this block does not meet the applicable	e statutory filing requirements, this date will not be listed
iment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time	at 12:01 a.m. on the earlier of: (b) The 90th day after
filed.	
NOVEMBER 7 2023	
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