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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
		AR DEALER LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
r rease return	un correspo	adence concerning this matter	to the tonowing.	
		Obed N Diaz Arrieche		
			Name of Person	
		Cande Car Dealer LLC		
			Firm/Company	
		500 SW 101 St Terrance I.	Jnit 312	
			Address	
		Pembroke Pines, Florida 3	3025	
			City/State and Zip Code	
		Obed.obicuaro@gmail.com		
		E-mail address: (to be used for future annual report not	ification)
For further in	iformation co	oncerning this matter, please co	all:	
Obed N Diaz	z Arrieche		305 4645495 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25,00 F	filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy) is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address gistration S		<u>Street Address:</u> Registration Sc	ertion
Div	ision of C	orporations	Division of Co	rporations
P.O. Box 6327			The Centre of	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Cande Car Dealer LLC

(Name of the Limited Liability Company as it now appears on our recoally JAN 10 AH 8: 11
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	Lickilla Company was fluid on	SECRETAR: OF STATE TALLAHA 38 4 5 5 pped
	Trability Company were fried on _	TALEANA SHE ESSENCE
Florida document number <u>L25000005543</u>	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE.	ET ADDRESS)	
Enter new mailing address, if applicable:		
••		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	•;•	records, enter the name of the new registered
- 		
Name of New Registered Agent:	Obed N Diaz Arrieche	
New Registered Office Address:	500 SW 101 St Terrance Unit 3	12
- · · · · · · · · · · · · · · · · · · ·	Enter F	lorida street address
	Pembroke Pines	Florida <u>33025</u>

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	Obed N Diaz Arrieche	500 SW 101 St Terrance Unit 312 Pembroke Pines F	
			□Remove
			□Add
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00