

L130000 33928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

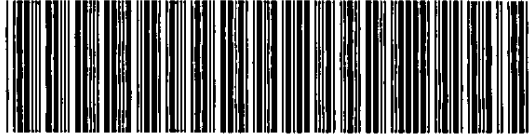
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AR 4/17/16

Office Use Only



000287089310

07/06/16--010000-00 00 **30.00
TALLAHASSEE, FLORIDA
2016 JUL -5 AM 7:51

FILED
16 JUL -5 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 07 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COWEIN MARKETING GROUP
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DETRE VAL
Name of Person

Firm/Company

10898 NW 7th AVE
Address

Miami, FL 33168
City/State and Zip Code

IKNOWDETRE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DETRE VAL at (786) 290 9275
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Cowein Marketing Group, 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 Company were filed on 03/06/2013 and assigned Florida document number L13000033928

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AUTO AUCTION NOW LLC.

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

675 NW 118th Street.
Miami, FL. 33168

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10898 NW 7th AVE
Miami, FL. 33168

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DETRE VAL

New Registered Office Address:

10898 NW 7th AVE

Enter Florida street address

Miami
City

Florida

33168
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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

FILED
MAR 15 2013
59
TALLAHASSEE
FLORIDA

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>	<u>Type of Action</u>
MGR	DETRE VAL	10898 NW 7th AVE Miami, FL. 33168	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	ROGER FABIAN	103 NW 28th WAY FT. LAUDERDALE, 33311 FL.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ROMELITO CHARLES	12143 NW 7th AVE Miami, FL. 33168	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	LUDVY JOSEPH	12143 NW 7th AVE Miami, FL. 33168	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

FILED
 16 JUL - 5 59 PM
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 7/01/2016

Handwritten signature of Detre Val.

Signature of a member or authorized representative of a member

DETRE VAL.
Typed or printed name of signee

FILED
16 JUL -5 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA