

L120000024859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan AUG 28 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAP Auto 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:

Robert Vidal

Name of Person

Firm/Company

4701 SW 45th St

Address

DAVIE FL 33341

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Vidal

Name of Person

at (305) 767-3041

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**

FILED  
12 AUG 27 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAP AUTO 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 2/21/2012 and assigned Florida document number L12000024859

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

4701 SW 45th ST  
DAVIE FL 33314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4701 SW 45th ST  
DAVIE FL 33314

**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:

Robert Vidal

New Registered Office Address:

4701 SW 45th ST

Enter Florida street address

DAVIE

City

Florida 33314

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

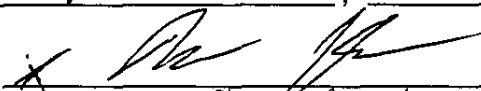
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MUZAFAR GASANALIEV	2900 W.E. 30th APT 6-1 Fort Lauderdale FL 33306	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Robert Vidal	4701 SW 45th St DAVIE FL 33314	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SAMUEL MATOS	4701 SW 45th St DAVIE FL 33314	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 8/22/12



Signature of a member or authorized representative of a member

Maximilian Potevin

Typed or printed name of signee

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