

LCY 0000 47164

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

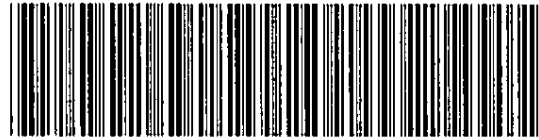
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 03 2017

J CHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AUTOSHOW LLC

\_\_\_\_\_  
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:

Steven Friedman

\_\_\_\_\_  
Name of Person

Law Office of Steven Friedman

\_\_\_\_\_  
Firm/Company

1806 N. Flamingo Rd., Suite 348

\_\_\_\_\_  
Address

Pembroke Pines, Florida 33028

\_\_\_\_\_  
City/State and Zip Code

stlawoffice@aol.com

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

For further information concerning this matter, please call:

Steven Friedman

954

385-7282

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 AUTO SHOW LLC**

The Articles of Organization for this Limited Liability Company were filed on June 23, 2004 and assigned Florida Document number L04000047104.

This Amendment is submitted to amend the following:

FROM:

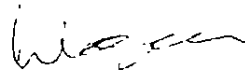
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PAUL ROGERS	440 S. State Rd. 7 Plantation, Fl 33317	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

TO:

MGR	PAUL ROGERS	440 S. State Rd. 7 Plantation, Fl 33317	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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Dated: September 26<sup>th</sup>, 2017

FILED  
17 OCT - 2 AM 7:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



\_\_\_\_\_  
Linda Rogers, Trustee of the Linda Rogers  
Revocable Trust dated September 26th, 2017

~~\_\_\_\_\_~~  
~~Paul Rogers, Trustee of the Linda Rogers~~  
~~Revocable Trust dated September 26th, 2017~~