C06-000083853

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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J. SHANGE MAR 0 7 2014



March 4, 2014

PRO AUTOMOTIVE LLC 5612 S ORANGE AVE ORLANDO, FL 32809

SUBJECT: PRO AUTOMOTIVE, LLC

Ref. Number: L06000083823

We have received your document for PRO AUTOMOTIVE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not file an amendment on an inactive company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00004706

COVER LETTER

			ج
TO: Registration Se Division of Cor			•
SUBJECT:	Pro Autono	tive ///	
	Name of Lim	ited Liability Company	,—,,,,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Richard	L- Faucett Name of Person	
	Pro Aut	Firm/Company	's, uc
	56125	Conth orange Ave	
		Address	
	orlando	FL 32809 City/State and Zip Code	
		City/State and Zip Code	
	ric 70	to be used for future annual report notif	
	E-mail address: (to be used for future annual report notif	ication)
	oncerning this matter, please co		
Richard	L. Fowcett	at (<u>407</u>) <u>859 - 6</u> Area Code Daytime	059
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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

Note enclosed in Both Amendment + Reisstatement Forms as Reinstatement will be with Amended Name and Registered Agent,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Auto Mo (Name of the Limited Liabi (A Flori	hve, L	as it now appea	ars on our records.)		_	
The Articles of Organization for this Limited Liability Florida document numberLoLogo 83823	Company we			san	d assigr	ned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the line. Pro Automoti The new name must be distinguishable and end with the words "l						<u> </u>
	imited Liability	Company, the	e designation "LLC or	ine andreviai	ion "L.L.	.C.
Enter new principal offices address, if applicable:	_	Some		· · · ·		
(Principal office address MUST BE A STREET ADD	(RESS)					
	_			idum .		· ·
					5 7	
Enter new mailing address, if applicable:		Same		₹ 1.	lar.	•
(Mailing address MAY BE A POST OFFICE BOX)	_			, · , ·		 .
maning surress mili bij i i obj of rec box	-			19° 40	్టుం (స	
	-					
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:	dress here: Rich e	ad I	Freecott			
N. D. L. 1000	E 1.17	c. u	000-0- 4-10	1		
New Registered Office Address:	7616	Enter Fla	orida street address	•		
	orlandi	,	Olange Ave	32	3.9	
		City		Zip (Code	
New Registered Agent's Signature, if changing Register	red Agent:					
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete pe agent as pro red office aa	rformance o vided for in ld res s, Vneve	of my duties, and I of Chapter 605, F.S. By confirm that the	am familia Or, if this	r with docum	and ent is

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member	TAME	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			□ Remove
	*****		□ Add
			Remove
	Children and Advisor and a second a second and a second a		Add. A Add.
			Remove
			□ Remove
		·	
			Add
			□ Remove

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etive date, if other than the date of filing: ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be ate this document is filed by the Florida Department of State)	(optional) e more than 90 days after
d Feb. 26 3014	
Signature of a member or authorized representative Richard L- Fawcett	at a marshar

Page 3 of 3

Filing Fee: \$25.00