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C. LEWIS
FEB 2 4 2012
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: <u>Automotive Technology LLC</u> Name of Limited Liability Company JY
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gina Murray Name of Person
Firm/Company
190 Wekiva Cove
Destin FL 32541  City/State and Zip Code  ROW RC COV. net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Cong Murray  at (850) (654-115)  Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\$\$60.00 Filing Fee, \$\$\$\$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

Automotive	Technology	1 C 2012 FEB 23 RM 1: 18
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now apported Limited Liability Company	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liabi	lity Company were filed on	3 20 2007 and assigned
Florida document number L07000	029761	• •
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company h	<u>ere</u> :
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	·	
B. If amending the registered agent and/or registered agent and/or the new registered office	_	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	ì	Enter Florida street address
-	City	, Florida 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: no changes MGR = Manager MGRM = Managing Member Address Type of Action Title Name ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove ∐Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

ébriary 20, 2012.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00