

DIVISION May.15. 19:56 8:41AM

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PADRON AND ASSOCIATES INC.  
Account Number : I20060000156  
Phone : (305) 818-0404  
Fax Number : (305) 818-0898

S. HAWKES

MAY 01 2009

EXAMINER

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AAA EG AUTO LOCKSMITH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

S. HAWKES

EXAMINER

RECEIVED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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HO May 15, 1996 8:42AM

No. 0666 P. 2

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AAA EG AUTO LOCKSMITH, 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:

RALPH PADRON

(Name of Person)

PADRON & ASSOCIATES, INC.

(Firm/Company)

2095 W 76TH STREET - SUITE 102

(Address)

HIALEAH, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

RALPH PADRON

(Name of Person)

at ( 305 ) 818-0404

(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

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HO May 15, 1996 8:42AM

FILED  
09 APR 20 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
No. 06866

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

AAA EG AUTO LOCKSMITH, 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 03/30/2007 and assigned  
Florida document number L07000034016

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:

15000 ROYAL PALM LANE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI LAKES, FL 33014-2537

Enter new mailing address, if applicable:

15000 ROYAL PALM LANE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI LAKES, FL 33014-2537

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:

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

(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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated APRIL 29, 2009

Signature of a member or authorized representative of a member

RALPH PADRON - REGISTERED AGENT

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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