

(Re	equestor's Name)
971)	nquestor s Harrie)
(Ad	ldress)
(Ad	ldress)
(,
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
L. S	SELLERS
	UG 272008

EXAMINER

Office Use Only

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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Automo	tive Systems, LLC.	•	0
		nited Liability Company)	
	Amendment and fee(s) are sub	<u>-</u>	
Please return all correspon	ndence concerning this matter	to the following:	
	,		•
	Antonio L. Gonzalez		
		(Name of Person)	
	Automotive Systems, LL	C.	
		(Firm/Company)	
			**
STORT TO THE	13120 SW 259 St.		
		(Address)	
~	Homestead, Fl. 33032	(City/State and Zip Code)	
		(City/State and Zip Code)	
	oncerning this matter, please c		
Antonio L. G	Gonzalez f Person)	at (786) 298-0385	elenhone Number)
(Hame o	1 1 0150117	(Area code & Dayume 1	crephone (vanioer)
		· ·	· , ,
Enclosed is a check for the	e 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)
Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Automotive Systems, LLC			
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now apper mited Liability Company	ears on our records.)	
;·		7/44/0000	
The Articles of Organization for this Limited Liability Co	mpany were filed on	7/11/2008	and assigned
Florida document numberL08000067518	· ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company h	<u>ere</u> :	
AutoSpector LLC			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
•			
D. If amanding the registered execut and/on register	wad affice address on	our records enter t	he name of the nou
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, enter t	ne name of the new
Name of New Registered Agent:			
Name Descriptions of Office Addresses			SEI SEI
New Registered Office Address:		Enter Florida street add	lréss) & T
		. Florida	26 ASS
	(City)	, FIORICIA	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:		
			8: 4.9
I hereby accept the appointment as registered agent a	nd agree to act in this	capacity. I further agr	eeto comply with
the provisions of all statutes relative to the proper and accept the obligations of my position as registered age			
being filed to merely reflect a change in the registered			
company has been notified in writing of this change.			

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

	<u>Name</u>	Address	Type of Act
 _			Add Remove
			Add Remove
_			- Damaya
_			Add Remove
_			Paracua
			Remove
 mend	ing any other information, er	nter change(s) here: (Attach additional shee	
mend	ing any other information, er		ots, if necessary.) SECINE ALLAH
mend	ing any other information, er		ets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00