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COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Affordable Autos of Taupa 11c. 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:	
LUIGI HOLLO Name of Person	
AFFordable Autos of Tampa 11c. Firm/Company	
HOZO W. WATERS AUE Address	
Tampa FL 33614 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (813) 270 7954 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 & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 C	ORGANIZATION FILED
· `	DF # JUN -4 AMII: 13
Affordable Autos o (Name of the Limited Liability Comp (A Florida Limited	C Tampa (FATATE any as it now appears on our records:) SSEE FLORIDA: Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on 09 04 2009 and assigned
Florida document number <u>LO 80000 95283</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4020 W. waters AUE
(Principal office address MUST BE A STREET ADDRESS)	Tampa F1 33614
Enter new mailing address, if applicable:	4020 W. waters AUE
(Mailing address MAY BE A POST OFFICE BOX)	Tampa F1 33614
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the newere:
Name of New Registered Agent:	
New Registered Office Address: 4020	W. Waters AVE Enter Florida street address
	City Florida 33614 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Address** Type of Action **Name** MGRM Antoinette T. Cascio 10004 Memorial Hwy Bradd
Tampa Fl 33615 Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member 10161 GI Wollo
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00