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T. CLINE

MAY - 1.2009

**EXAMINER** 

# **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: FL	ORIDA AUTO TECH LLC (Name of Limited Liability Company)				
•	(Name of Limited Liability Company)				
The enclosed Articles of	Amendment and fee(s) are submitted for filing.				
Please return all correspo	ndence concerning this matter to the following:				
	DAVID TO HUSON (Name of Person)				
	(Name of Person)				
	FLORIDA AUTO TEZH LLC (Firm/Company)				
	(Firm/Company)				
	2228 MEARS PKWY (Address)				
	(Address)				
	MARGate FL 33063				
	(City/State and Zip Code)				
		~			
For further information c	oncerning this matter, please call:	-			
DAVIO I	MAR 9 ate FL 33063  (City/State and Zip Code)  Ohnson  at (954 977- 9640 SEX PR 30 APR	П			
(Name of Person) (Area Code & Daytime Telephone Number)					
	FLORIDE TO FOLIA THE STATE OF T				
Enclosed is a check for the following amount:					
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy Certified Copy				

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- LORIDA HUTC	DIECH LLC	<u> </u>
( <u>Name of the Limited Liability Con</u> (A Florida Limit	mpany as it now appears on o ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L090001792</u> 4		and assigned
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 "l"L.L.C."	Limited Liability Company," t	
Enter new principal offices address, if applicable:		APR APR
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	30 ARY
Enter new mailing address, if applicable:		OF STATE E. FLORIDA
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter F	lorida street address)
		, Florida
<del> </del>	(City)	(Zip Code)

New Registered Agent's Signature, is 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)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** MGRM Richard Bartley 11561 NW 23Rd ST. Plantation FL 33323 Remove ☐ Add ☐ Remove \_ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 4/28 Signature of a member or authorized representative of a member DAVID John 5:00 Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00