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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	FILED OGAUG 12 AM 10: 15 SECRETARY OF STATE FALLAHASSEE, FLORIDA	
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COVER LETTER

TO: Registration Section Division of Corporations

TO MUTIVE CONNECTION, LLC SUBJECT: 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: ATRICIA A. JACKSON -OMOTIVE CONMECTION, Firm/Company Address 15 PARK, FL 32789 City/State and Zip Code

ecfl.rr. com be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>407) 756-8793</u> Area Code & Daytime Telephone Number ncia

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF <u>Automotive Conjuction</u> Luc (Name of the Limited Liability Company Librory Librory) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>Feb. 24, 2009</u> and æsigned Florida document number <u>LOQOOO18542</u> . This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company here</u> : The new name must be distinguishable and end with the words "Limited Liability Company." the designation "LLC" or the abbreviati "L.L.C." Enter new mailing address, if applicable: (<i>Principal office address MUST BE A STREET ADDRESS</i>) Enter new mailing address, if applicable: (<i>Mailing address MAY BE A POST OFFICE BOX</i>) B. If amending the registered agent and/or registered office address on our records, <u>enter the name of th</u>			-1 × 440
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New Registered Office Address: Enter Florida street address	New Registered Office Address:	Enter El	
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, Florida, Zip Code		City	, Florida
	Now Degistered Agent's Clareton if the state Desident	·	Lip Coae
New Registered Agent's Signature, if changing Registered Agent:	<u>new Registeren Agent's Signature, 11 changing Registere</u>	a 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 an			

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 Membur

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<u>Title</u>	2	Name	Address	Type of Action
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D. If ar	nendin AT	VANAGENIO	ange(s) here: (Attach additional sheets, if necessary.) $\widehat{B} \in \mathcal{A} \setminus \mathcal{A}$	
		MGRM	SAMUEL BENSON 174 W. COMSTOCK AVE # WINTER PARK, FL 32789	-
Dated _	Aų	<u>gust 11, 7</u>	wg.	
	_	SAMU	ped or printed name of signee	
			Page 2 of 2	

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Filing Fee: \$25.00