## 10900048863

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S. HAWKES

DEC - 8 2009

EXAMINER

## **COVER LETTER**

TO:

Registration Section

Division of Co	orporations		
SUBJECT:	AUT-	WORLD, LLC	
		ited Liability Company	<del></del>
m			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
		SUSAN A LEE	
		Name of Person	
Tirm/Company  1319 ST. TROPEZ CIRCLE, APT. #1203  Address  WESTON, FL 33326  City/State and Zip Code			
		Address	
	,	WESTON, FL 33326	
		City/State and Zip Code	<del></del>
		jscpa1@msn.com	
	E-mail address: (	to be used for future annual report notification	n)
For further information	concerning this matter, please	call:	
JOEL	SANDERS, CPA	at ( 954 ) 916	-2000
Name	of Person	Area Code & Daytime Tele	phone Number
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)
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center O Tallahassee, FL 32301	s

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUT-W0	<u>ORLD.COM, LLC</u>		
(Name of the Limited Liability (A Florida L	Company as it now appe imited Liability Company	ars on our records.)	
·	• • •		
The Articles of Organization for this Limited Liability Co	ompany were filed on	MAY 19, 2009	and assigned
Florida document numberL0900048863	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	e <u>re</u> :	
The new name must be distinguishable and end with the word	ls "Limited Liability Com	pany." the designation "E	or the abbreviatio
"L.L.C."	,	,	通
Enter new principal offices address, if applicable:			30%
<u>(Principal office address MUST BE A STREET ADDRI</u>	<u> </u>	<u> </u>	FO 3 0
			20: 3
			9
Enter new mailing address, if applicable:			<b>P</b>
(Mailing address MAY BE A POST OFFICE BOX)			
		· <u> </u>	
B. If amending the registered agent and/or registe	red office address on	our records, enter th	e name of the nev
registered agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	E	nter Florida street addr	ess
		. Florida	
	City	, 101104	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 Type of Action Name Address Title MGRM Sheri J Kwak 380 Cotton Wood Lane ☐ Add Remove Naperville, IL\_60540 Red Sea Productions, Inc. MGRM 1319 St. Tropez Circle Apt\_#1203 Weston, FL 33326 Remove  $\prod Add$ Remove 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 SUSAN A LEE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00