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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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B. BOSTICK
DEC 1 2 2011
EXAMINER

COVER LETTER

	Registration Sect Division of Corpo						
SUBJEC	CT:	AUTO X	XPRESS, LLC.				
			ted Liability Company				
The enclo	osed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please re	turn all correspond	lence concerning this matter	to the following:				
			RAPHY GUZMAN				
			Name of Person				
AUTO XXPRESS, LLC.							
			Firm/Company				
			12740 CAIRO LANE				
			Address				
		OPALOCKA, FL. 33054				DEC -	1734
			City/State and Zip Code	_		<u>ت</u>	Age property
		E-mail address: (1	KXPRESS@YAHOO.CON to be used for future annual report not	(ification)			
For furthe	er information con	cerning this matter, please c	all:	·	SIATE	Г. СЛ	
	RAPH	Y GUZMAN	at (305)	746-0183			
Name of Person Area Code & Daytime Telephone Num				nber	_		
Enclosed	is a check for the	following amount:					
\$25.00	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certi ed) Certi	Filing Fe ficate of S fied Copy tional cop	Status /	

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

A	UTO XXPRESS, LLC.					
(Name of the Limited L (A I	iability Company as it now appear Florida Limited Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Lia	bility Company were filed on	04/21/10	and assigned			
Florida document numberL100000429	909					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	the limited liability company he	<u>re</u> :				
	N/A					
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "LL	C" or the abbreviation			
Enter new principal offices address, if applical	ble: N/A	≥er Er				
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>			
			Grandens & Baginaria			
		(1) (1) (1)	TO FTC			
Enter new mailing address, if applicable:	N/A	lim (A.)	300007 Ta ₁₀₀₀			
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>)	ARIO A	<u>ဂျ</u>			
						
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter th</u>	e name of the nev			
Name of New Registered Agent:	N/A					
New Registered Office Address:	Er	nter Florida street addre	rss			
	TD 2.3 _					
	City	, Florida	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** Type of Action <u>Name</u> <u>Address</u> **MGRM** RAPHY GUZMAN 12740 CAIRO LANE ✓ Add OPA LOCKA, FL 33054 Remove ☐ Add Remove ☐ Add Remove Add Remove □Add _ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ ember or authorized representative of a member Signature of RAPHY GUZMAN

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00