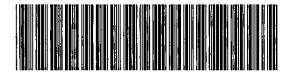
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(Re	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor		•	
AUTO IC	CONS, LLC		
SUBJECT:	Name of Limit	ted Liability Company	٠
	Amendment and fee(s) are subn	_	
	ROLAND E SONE		
		Name of Person	•
·	AUTO ICON,S LLC	,	
		Firm/Company	
	6612 NORTH ORAN	GE BLOSSOM TRAIL	
		Address	
	ORLANDO,FL 32810	ס	
		City/State and Zip Code	
•	ROLAND@AUTOICO	ONS.US o be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca		
	oncerning this matter, prease ca		
ROLAND SONE		407 2838781 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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

AUTO ICONS,LLC (Name of the Limited Liability Compa	ny as it now appears on our records)	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
ne Articles of Organization for this Limited Liability Company orida document number 610000048474	were filed on JUNE 4TH 2010	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
N/A		•
he new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
inter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent:		er the name of the
		AR C
New Registered Office Address:	Enter Florida street address	23
	, Florida	Mo 🗎 📻
lew Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
	ea to act in this canacity. I further	(E) 60

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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** MGR HENRIETTE MBONE NTO 6612 NORTH ORANGE BLOSSOM TRA ORLANDO, FL 32810 □ Remove MGR **ENEIDA RIVERA** 6612 NORTH ORANGE BLOSSOM TRA ____ □ Add ORLANDO, FL 32810 Remove ☐ Add ☐ Remove _□ Add ☐ Remove

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ctive date, if other than the date of	filing: (option
ffective date must be specific, cannot be prio	r to date of receipt or filed date and cannot be more than 90 days aft
ective date, if other than the date of effective date must be specific, cannot be priodate this document is filed by the Florida Dep	r to date of receipt or filed date and cannot be more than 90 days aft
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Page 3 of 3

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