## #11000098192

| (Re                                     | questor's Name)   |             |  |  |
|---|-------------------|-------------|--|--|
| (Ad                                     | dress)            |             |  |  |
| (Ad                                     | dress)            |             |  |  |
| (Cit                                    | y/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                                     | siness Entity Nar | me)         |  |  |
| (Document Number)                       |                   |             |  |  |
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11 JAN 26 PH 4: 31

SECRETARY OF STATE
TAIL AHASSES FLORIDA

EXAMINER
JAN 27 2011

## **COVER LETTER**

· TO:

| TO:                                      | Registration S<br>Division of Co |   |  |  |  |  |
|--|----------------------------------|---|--|--|--|--|
| SUBJI                                    | ECT:                             | AUTOMOTIVE PR   | ROTECTION GROU   | JP LLC   |  |  |
| 0020                                     |                                  | Name of Lim   | ited Liability Company                                     |  |  |  |
|  |                                  |   |  |  |  |  |
| The en                                   | closed Articles of               | of Amendment and fee(s) are su  | bmitted for filing.  |  |  |  |
| Please                                   | return all corresp               | oondence concerning this matte  | r to the following:  |  |  |  |
|  |                                  | DEE   | DEBRA A SCHOENWETTER                                       |  |  |  |
|  | Name of Person                   |   |  |  |  |  |
| AUTOMOTI                                 |                                  |   | IVE PROTECTION GR  | ROUP LLC   |  |  |
|  |                                  | Firm/Company  |  |  |  |  |
|  |                                  | 18495 SOUTH DIXIE HIGHWAY SUITE 275   |  |  |  |  |
|  | Address                          |   |  |  |  |  |
|  |                                  |   | MIAMI FL 33157   |  |  |  |
|  | City/State and Zip Code          |   |  |  |  |  |
|  |                                  | info@   | autoprotectiongroup.c                                      | com  |  |  |
| For fur                                  | ther information                 | econcerning this matter, please   |  | rt notification)   |  |  |
| DEBRA A SCHOENWETTER at ( 786 ) 389-9671 |                                  |   |  |  |  |  |
|  |                                  | of Person   |  | Daytime Telephone Number   |  |  |
|  |                                  | the following amount:   |  |  |  |  |
| <b>\$2</b> 5                             | .00 Filing Fee                   | ₹30.00 Filing Fee & Certificate of Status   | \$55.00 Filing Fee & Certified Copy (additional copy is en | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
|  | Regis<br>Divisi<br>P.O. I        | LING ADDRESS:<br>tration Section<br>ion of Corporations<br>Box 6327<br>nassee, FL 32314 | Registration<br>Division of C<br>Clifton Build             | Corporations<br>ling<br>ive Center Circle  |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

**AUTOMOTIVE PROTECTION GROUP LLC** 

FILED 11 JAN 26 PM 4: 31

SEUNETARY OF STATE

| ( <u>Name of the Limited Liab</u><br>(A Flori   | ility Company as it now appear<br>ida Limited Liability Company) | rs on our records.")        | THOOLE, PLUNIUA          |  |
|---|--|-----------------------------|--------------------------|--|
| The Articles of Organization for this Limited Liabilit Florida document numberL10000098192        | • • • —  | 9/22/2010                   | and assigned             |  |
| This amendment is submitted to amend the following  | g:   |                             |                          |  |
| A. If amending name, enter the new name of the  | limited liability company her                                    | <u>·e</u> :                 |                          |  |
| The new name must be distinguishable and end with the "L.L.C."                                    | words "Limited Liability Compa                                   | ny," the designation "I     | LLC" or the abbreviation |  |
| Enter new principal offices address, if applicable:   |  |                             |                          |  |
| (Principal office address MUST BE A STREET AD   | DDRESS)  |                             |                          |  |
| Enter new mailing address, if applicable:   |  |                             |                          |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | <u> </u>   |                             |                          |  |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a |  | our records, <u>enter (</u> | the name of the new      |  |
| Name of New Registered Agent:   |  |                             |                          |  |
| New Registered Office Address:  |  | 71 1                        |                          |  |
|   | Enter Florida street address                                     |                             |                          |  |
|   |  | , Florida                   |                          |  |
|   | City   |                             | Zip Code                 |  |
| New Registered Agent's Signature, if changing Regist  | ered 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 **Title Name Address** Type of Action **MGRM HILDA HALL DENNIS** 18495 S. DIXIE HWAY STE 275 ☐ Add ∇ Remove MIAMLEL 33157 ☐ Add Remove MGRM JEFFREY A SCHOENWEI 18495 S. DIXIE HWAY STE 275 ☐ Add MIAMI FL 33157 MGR JEFFREY A SCHOENWET 18495 S. DIXIE HWAY STE 275 **✓** Add Remove MIAMI FL 33157 ..... MGRM MARICEY SARAO □Add 18495 S. DIXIE HWAY STE 275 Remove MIAMI FL 33157 MARICEY SARAO MGR 18495 S. DIXIE HWAY STE 275 √ Add Remove MIAMLEL 33157 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JANUARY 21** 2011 Dated Signature of a member or authorized representative of a member **DEBRA A SCHOENWETTER** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00