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J. SAULSBERRY EXAMINER

## **COVER LETTER**

	ration Section on of Corporations		
SUBJECT: _	Α	Autofob, LLC	
	Name of L	imited Liability Company	
The enclosed A	rticles of Amendment and fee(s) are	submitted for filing.	
Please return al	I correspondence concerning this ma	tter to the following:	
		Daniel H Wardlaw	····
		Name of Person	
		Autofob, LLC	
	<del></del>	Firm/Company	
		1673 Ann Drive	A >
Address		Address	No see
	ŀ	Kissimmee, Florida 34758	2011 JUN -6 SEGRETARS TALL ARASS
		City/State and Zip Code	四令
	<del></del>	Dan@autofob.com	
		ss: (to be used for future annual report notifica	ution) 8: A. T. A. S. T.
For further info	rmation concerning this matter, pleas	se call:	00000
· · · · · · · · · · · · · · · · · · ·	Daniel H Wardlaw		70-8880
	Name of Person	Area Code & Daytime 1	elephone Number
Enclosed is a ch	neck for the following amount:		
<b>√</b> \$25.00 Filin	g Fee \$\bigcup\$\$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

	Autofob, LLC			
( <u>Name of the Limited I</u> (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Lia		05/04/2011	and assigned	
Florida document numberL110000526	<u>557                                   </u>			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "LI	.C" or the abbreviation	
Enter new principal offices address, if applica	ble:	<del></del>		
(Principal office address MUST BE A STREET	ADDRESS)		, inches	
		A P		
Enter new mailing address, if applicable:	<del> </del>	<u>p</u>		
(Mailing address MAY BE A POST OFFICE BOX)	<u>OX)</u>	93 E	φ. ····	
		3	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	<u> </u>	our records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Er	Enter Florida street address		
		, Florida		
	City		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 **Title** Name **Address Type of Action MGRM** Tracy D Wardlaw 1673 Ann Drive ☐ Add Kissimmee, Florida 34758 ✓ Remove Daniel H Wardlaw MGR 1673 Ann Drive ✓ Add Remove Kissimmee, Florida 34758 ☐ Add ☐ Remove ☐ Add 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 Daniel H. Wardlau/ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00