## L110000068410

Office Use Only



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SECRETARING STATE

J. HARRIS

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

ASVANCE AUTO SA	les 11C
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow_appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number 11000684.10	ed on 06-13-2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	2 PR D
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	10 Test 10 Tes
B. If amending the registered agent and/or registered office aderegistered agent and/or the new registered office address here:  Name of New Registered Agent:	dress on our records, enter the name of the nev
New Registered Office Address:	
	Enter Florida street address
City	, Florida
City New Designatured Agent's Signature if shanging Designatured Agent.	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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	BETTY SCUTT	10044 SW GIENBROOK	_ □ Add
		La PORTSTLUCIE, F1 349	37 Remove
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D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessor	ary.)	
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Note:	ve date, if other than the date of filing:	il) ng.) Pursuant to 605.0207 ite will not be listed as	(3)(b) the
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	ı. on the earlier of	<b>:</b> :
Dated _	6-7-4-15	··	
	Signature of a member or authorized representative of a member	15 JUL	
	Typed or printed name of signee	-2 f	
	Typed or printed name of signee	PH 2:	
	Page 3 of 3	REDA REDA	

Filing Fee: \$25.00