

L11000077212

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS
OCT 12 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTOMOTO DIRECT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX GARCIA

Name of Person

AUTOMOTO DIRECT LLC

Firm/Company

120 NW 6TH AVE

Address

MIAMI, FL 33128

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX GARCIA

Name of Person

at (786)

294-0719

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED

2011 OCT 11 PM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUTOMOTO DIRECT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/05/2011 and assigned
Florida document number L11000077212

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

120 NW 6TH AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33128

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ALEX GARCIA</u>	<u>120 NW 6TH AVE</u> <u>MIAMI, FL 33128</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>ALEX GARCIA</u>	<u>120 NW 6TH AVE</u> <u>MIAMI, FL 33128</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>J BUITRAGO</u>	<u>120 NW 6TH AVE</u> <u>MIAMI, FL 33128</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>KAREN DE ARMAS</u>	<u>120 NW 6TH AVE</u> <u>MIAMI, FL 33128</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>LUIS MANUEL PIRELA</u>	<u>120 NW 6TH AVE</u> <u>MIAMI, FL 33128</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN 45-2667106

PLEASE ADD THIS NUMBER AS THE EMPLOYER IDENTIFICATION
NUMBER ASSOCIATED WITH THIS COMPANY.

Dated OCTOBER 1, 2011

Alex Garcia
Signature of a member or authorized representative of a member

ALEX GARCIA

Typed or printed name of signee

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Filing Fee: \$25.00

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2011 OCT 11 PM 2:24
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TALLAHASSEE, FLORIDA