L11000107483

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T. HAMPTON
NOV 1 6 2011

EVAMINER

COVER LETTER

1.

TO:

Registration Section
Division of Corporations

SUBJECT: Auto Klassix Metal Clean, 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:

Daron M Snyder Name offerson
Auto Klassix Metal Clean, LLC
122 S 8th Ave
Wauchula FL 33873 City/State and Zip Code
autoblassix metalclean LLC @ uphoo. com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daron Snuder at (863, 773-9152)
Name of Person at (863, 773-9152)
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

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	pany were filed on Sec	of 20 2011 and assigned	
Florida document number L11000107483.	· ·	2011 NOV	
This amendment is submitted to amend the following:		SSS 14	
A. If amending name, enter the new name of the limited	liability company here:	ED PH 2: Y OF ST.	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company,	the designation "Inc" or the abbreviatio	
Enter new principal offices address, if applicable:		-	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the nev	
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 Age	ent·		

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 **Type of Action <u>Title</u> <u>Address</u> Name ☐ Add Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change mailing address to the following: 12 Dated November 10, 2011 Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00