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(Re	questor's Name)	· ·
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2013 AUG 28 PM 1:

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COVER LETTER

Division of Corp	orations
SUBJECT: Auto	Name of Limited Liability Company
	Name of Billing Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	ISAVC Natr. Name of Person
	Name of Person
	Auto Tec Solutions, Lt.C. Firm/Company
	Firm/Company
	1834 N. Goldensod Rd.
	Address
	Orlando El 32807 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further information con	ncerning this matter, please call: Natal at (417) 394 - 9100.
Your MA	Person at (417) 394-9100.
Name of	Person Area Code & Daytime Telephone Number
Enclosed is a check for the	Person at (41) 394-9100. Area Code & Daytime Telephone Number Fig. 1.
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

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

	tions, lu					
(Name of the Limited (A	Liability Company a Florida Limited Liabi	s it now appears on a lity Company)	our records.)			
The Articles of Organization for this Limited Li Florida document number		re filed on 10	26 2011	an	d assigr	ned
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	f the limited liability	company here:				
The new name must be distinguishable and end wit "L.L.C."		Liability Company," 1	the designation	"LLC" or	the abb	reviation
Enter new principal offices address, if applic	able:				~	
(Principal office address MUST BE A STREE	T ADDRESS)			<u> </u>	2013	
	_			- A-C	<u>~</u>	**************************************
Enter new mailing address, if applicable:	_			SSET	28	Seamen.
(Mailing address MAY BE A POST OFFICE)	BOX)			77 77	Ž	Townson C
	-			AT.	••	dintal (
	_	-		3.5	-	
B. If amending the registered agent and/or the new registered of	-	address on our r	ecords, <u>enter</u>	the na	me of	the new
Name of New Registered Agent:	Isaa c					
New Registered Office Address:	1834 N.	Gold in god	Pd.			
		Enter F	lorida street ad	ldress	. <u></u>	
	Orlando		, Florida _	328	07.	
		ity .		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

MERM Cabrero, Antonio E 1834 N. Goldenvod Rd.	٦
ι	Add
oclando, pr 31807	Remove
MGRM Natal, Taymi 1934 N. Golder rock Rd	Add
Orlando; PC 38807	Remove
	Add
	Remove
	Add
SECRETARY DE STATE NULAHASSEE, FLOR DA	Remove
FESTALE DA	Add
	Remove
	Add
	Remove

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted	August 25, 2013.
	a natel
	Signature of a member or authorized representative of a member
	(SAAL NOTZ).
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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