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JUL 20 2012 EXAMINER



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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Sect Division of Corpo		•		
SUBJECT:		on Trading Depot LLC led Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:	12 94 19 PH W: 46	
		Jason Patterson		
		Name of Person	آه م	
	American Auto Salvage & Recycling INC			
		Firm/Company	ซ็	
		PO Box 530899		
		Address		
		DeBary, FL 32753		
	City/State and Zip Code			
	E-mail address: (t	o be used for future annual report notific	ation)	
For further information cor	ncerning this matter, please c	all:		
Jaso	n Patterson	at (68-0444	
Name of I	Person	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)	
Registrat	NG ADDRESS: ion Section	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

Benson Junction T (Name of the Limited Liability Compa (A Florida Limited L	rading Depot LLC ny as it now appears on our records. Liability Company)	19 CON 190 CON	
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000130518</u> .	were filed on11/16/2011	and assigned.	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:	203 Benson Junction RD		
(Principal office address MUST BE A STREET ADDRESS)	DeBary, FL 32713		
Enter new mailing address, if applicable:	PO Box 530899		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	DeBary, FL 32753 fice address on our records, enter	the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	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 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 Title Name Address MGRM** Patterson, Kenneth L 203 Benson Junction RD DeBary, FL 32713 Add
Remove American Autosalvaset Recyclins Inc MGRM 516 South Shell RD **✓** Add Remove DeBary, FL 32713 _ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Kenneth L Patterson
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00