L12000003026

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(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	_
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(Document Number)	
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Considerations to Filing Office	\neg
Special Instructions to Filing Officer:	
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MAR 1 9 2012 T. HAMPTON

COVER LETTER

то:	Registration Division of C		, ·	
SUBJE				
3000	<u> </u>		nited Liability Company	
The enc	losed Articles	of Amendment and fee(s) are su	abmitted for filing.	
Please r	eturn all corres	spondence concerning this matte	er to the following:	
			Joseph R. Moreau	
			Name of Person	
		,	Firm/Company	
		14200 Highway 441		
		c	Summerfield, FL 34491	•
			City/State and Zip Code	
			•	
		E-mail address:	jmnovia@aol.com (to be used for future annual report	notification)
For furti	her information	n concerning this matter, please	call:	
		oseph Moreau	at (_352_)	895-1700
	Name	e of Person	Area Code & D	aytime Telephone Number
Enclose	d is a check for	r the following amount:		
\$25. 0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi: Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	Registration S Division of Co Clifton Buildi	orporations

Tallahassee, FL 32301

TO SECRETARY OF STATE SECRETARY OF STATE OF ORGANIZATION DIVISION OF CORPORATIONS OF ARTICLES OF AMENDMENT

12 MAR 16 AM 11: 57

	DUNTRY MARKET	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now apper la Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Florida document numberL1200003026	Company were filed on	January 6, 2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company he	ere:
THE A	AUTO VILLAGE LLC	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Comp	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
•	E	nter 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>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
· · · · · · · · · · · · · · · · · · ·			Add
			Remove
			□Add □□Remove
			Add Remove
		,	
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)	SEO DIVISI 12 M
			SECRE IARY SECRE IARY JIVISION OF CO
			() ()
			ORAJIONS NII:57
Dated	March 14,	,	
		ments & Marcan	
	Signature of	a member or authorized representative of a member	
		Joseph R. Moreau	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00