

L/2000024859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 17 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAP AUTO GROUP

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:

ROBERT VIDAL

Name of Person

Firm/Company

2071 SW 70TH AVE G-15

Address

DAVIE FL 33317

City/State and Zip Code

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

For further information concerning this matter, please call:

ROBERT VIDAL

Name of Person

at (**305**) **7675012**

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**

MAP AUTO GROUP

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

FILED
12 DEC 14 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/21/2012 and assigned
Florida document number L12000024859.

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2071 SW 70TH AVE G-15
DAVIE FL 33317

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2071 SW 70TH AVE G-15
DAVIE FL 33317

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:

2071 SW 70TH AVE G-15

Enter Florida street address

DAVIE

City

, Florida 33317

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

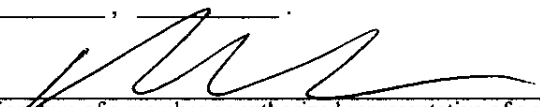
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SAMUEL MATOS	4701 SW 45TH ST	<input type="checkbox"/> Add
		DAVIE FL 33314	<input checked="" type="checkbox"/> Remove
MGR	MUZAFAR GASANALIEV	2071 SW 70TH AVE G-15	<input checked="" type="checkbox"/> Add
		DAVIE FL 33317	<input type="checkbox"/> Remove
MGR	ROBERT VIDAL	4701 SW 45TH ST	<input type="checkbox"/> Add
		DAVIE FL 33314	<input checked="" type="checkbox"/> Remove
MGRM	ROBERT VIDAL	2071 SW 70TH AVE G-15	<input checked="" type="checkbox"/> Add
		DAVIE FL 33317	<input type="checkbox"/> Remove
			<input 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.)*

Dated 12/11/12


Signature of a member or authorized representative of a member

Robert Vidal

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00