LIZIDOA4859

(Req	uestor's Name)	
(Addi	ress)	
(Addi	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doce	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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2013 MAY -6 PH 3: 40
SECRETARY OF STATE
TALLAHASSEE FI BRIDG

MAY 07 2013 D. BRUCE

COVER LEŤTER

SUBJECT: MY	AP Auto Group	LLC			
		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Robert V	idal			
		Name of Person			
	MAP Auto	Group LLC Firm/Company			
		Firm/Company			
	5171 NW	159 St #C			
		Address 5 FL 33014 City/State and Zip Code Up LLC @ Gmoil. Com o be used for future annual report notification	,		
		City/State and Zip Code		20	
	MAP Auto Gro	uplic @ Gmail. Com			energy S
	E-mail address: (t	o be used for future annual report notification	on)	2018 MAY - SEDRETAL TALLAHAS	()
For further information of	concerning this matter, please c	all:		₹88 17.5% -6	-
Robert 1	lidal	at (305) 767-50 Area Code & Daytime Tel	12	1711-5	
Name o	of Person	Area Code & Daytime Tel	ephone Number	PH 3: 40 OF STATE E FLORIDI	****
Enclosed is a check for t	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 Certificate o Certified Co (additional c	f Status &)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAP Auto Group	LLC			
MAP Auto Group (Name of the Limited L (A F	iability Compi lorida Limited	any as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited Lial	oility Compan	y were filed on 2 _	121/12	and assigned
Florida document number L 120060 2 4 8	359			
This amendment is submitted to amend the follow	ving:			
A 16	L - 1!!4-J 1!-	L-1114		
A. If amending name, enter the new name of t	he limited ha	bility company here:		
	-1 1 (ST.)	2. 17:12: 0		T. (2)
The new name must be distinguishable and end with "L.L.C."	the words "Lin	iited Liability Company,	"the designation "	LLC" or the abbreviation
Fatourous minimal office address if and the	.1	517/ 1/ul	159 St.	HC.
Enter new principal offices address, if applicate (Principal office address MUST BE A STREET	oie:	31 /1 NW	73 7 57	33-1/1
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	MIAMI GOLD	ens FL,	20014
				
				<i>.</i>
Enter new mailing address, if applicable:		5171 NW	159 5+ 4	33014
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	Miami Gaco	dens FC	33014
				- No
			•	700
B. If amending the registered agent and/or registered agent and/or the new registered officers.			records, enter	the name of the new
		·-···		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of New Registered Agent:	a.obe	ch vidal		
Name of New Registered Agent.		, , ,,,,,,		
New Registered Office Address:	5171	NW 159 ST	#0	<u> </u>
		rt Vidal NW 159 st Enter	r lorida street add	tress
	Miami	Garden 5 City	, Florida	33014
		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
MGR	Robert Vidal	5171 NW 159 St #C	Add
		Miami Gardens 33014	Remove
			_
			Add
			Remove
			_
			Add
			Remove
			-
			_ L Add
			Remove
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· · · · · · · · · · · · · · · · · · ·		בר בר בר	
		ORIOAI	Remove AAdd Remove

lf amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
·a	Signature of a member or authorized representative of a member Post+ Vidol Typed or printed name of signce
	m
	Signature of a member or authorized representative of a member
	Robert Vidal
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

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