

L120000036077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

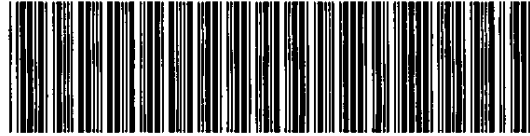
(Business Entity Name)

(Document Number)

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2013 SEP 30 AM 9:17  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

J. SAULSBERRY  
EXAMINER  
OCT 4 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AUTO PROS CONSULTING LLC.  
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:

Matthew Corey Moss  
Name of Person  
AUTO PROS CONSULTING LLC.  
Firm/Company  
2692 US1 SOUTH SUITE 203  
Address  
J. Augustine, FL 32086  
City/State and Zip Code  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Matthew Moss at 904, 347-5620  
Name of 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)

**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**

AUTO PROJ CONSULTING LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 03/14/12 and assigned Florida document number L12000036077.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

N/A

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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:

Matthew Carey Moss

New Registered Office Address:

2692 US1 SOUTH SUITE 203

Enter Florida street address

St. Augustine

City

, Florida

32086

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.

Matthew Carey Moss

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>                      |
|---------------------|--------------------|--------------------------|--|
| OWNER/<br>PRESIDENT | Matthew Moss       | 2692 001 SOUTH SUITE 203 | <input type="checkbox"/> Add               |
|                     |                    | St. Augustine, FL. 32086 | <input checked="" type="checkbox"/> Remove |
| MGRM                | Matthew Casey Moss | 2692 001 SOUTH SUITE 203 | <input checked="" type="checkbox"/> Add    |
|                     |                    | St. Augustine, FL. 32086 | <input type="checkbox"/> Remove            |
|                     |                    |                          | <input type="checkbox"/> Add               |
|                     |                    |                          | <input type="checkbox"/> Remove            |
|                     |                    |                          | <input type="checkbox"/> Add               |
|                     |                    |                          | <input type="checkbox"/> Remove            |
|                     |                    |                          | <input type="checkbox"/> Add               |
|                     |                    |                          | <input type="checkbox"/> Remove            |
|                     |                    |                          | <input type="checkbox"/> Add               |
|                     |                    |                          | <input type="checkbox"/> Remove            |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated 9/26/13

Matthew Cory Moss

Signature of a member or authorized representative of a member

Matthew Cory Moss

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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