

L130000 33928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

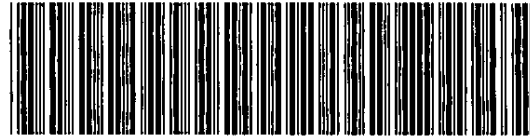
(Document Number)

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2016 JUL -5 AM 7:51  
TALLAHASSEE, FLORIDA

16 JUL -5 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

JUL 07 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COWEIN MARKETING 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:

DETRE VAL

Name of Person

Firm/Company

10898 NW 7th AVE

Address

Miami, FL 33168

City/State and Zip Code

IKNOWDETRE@GMAIL.COM

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

For further information concerning this matter, please call:

DETRE VAL

Name of Person

at ( 786 )

Area Code

290 9275

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**

Cowein Marketing Group, 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 03/06/2013 and assigned Florida document number L13000033928

This amendment is submitted to amend the following:

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

AUTO AUCTION NOW LLC.

The new name must be distinguishable and contain 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)**

675 NW 118<sup>th</sup> Street.  
Miami, FL. 33168

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

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

10898 NW 7<sup>th</sup> AVE  
Miami, FL. 33168

**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:

DETRE VAL

New Registered Office Address:

10898 NW 7<sup>th</sup> AVE

Enter Florida street address

Miami

City

Florida

33168

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 605, 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.

(Signature)  
(If Changing Registered Agent, Signature of New Registered Agent)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>DETRE VAL</u>	<u>10898 NW 7<sup>th</sup> AVE</u> <u>Miami, FL. 33168</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AMBR</u>	<u>ROGER FABIAN</u>	<u>103 NW 28<sup>th</sup> WAY</u> <u>FT. LAUDERDALE, 33311</u> <u>FL.</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>ROMELITO CHARLES</u>	<u>12143 NW 7<sup>th</sup> AVE</u> <u>Miami, FL. 33168</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>LUDVY JOSEPH</u>	<u>12143 NW 7<sup>th</sup> AVE</u> <u>Miami, FL. 33168</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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16 JUL - 6 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the page.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

7/01/2016

Signature of a member or authorized representative of a member

DETRE VAL

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA