## L13000043547

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## **COVER LETTER**

TO:		istration Sec ision of Corp		·	. •
CLIDI	IECT.	INTEGRAT	ED DEALER ELECTRONIC	ACCESSORY SOLUTIONS, LL	С
SUBJ	JECT:		Name of Lim	ited Liability Company	<u>.</u>
The e	nclosec	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return	all correspor	ndence concerning this matter	to the following:	
			JAMES SMYKA		
				Name of Person	<del>.</del>
			INTEGRATED DEALER	ELECTRONIC ACCESSORY SC	CESSORY SOLUTIONS, LLC  Code  Innual report notification)  313-6520  Daytime Telephone Number  Fee & S60.00 Filing Fee, Certificate of Status & Certificed Copy  Certificed Copy
				Firm/Company	
			13751 JUNIPER BLOSSO	M DRIVE	
				Address	- W
			TAMPA, FL 33618		
				City/State and Zip Code	
			JSMYKA@IDEASAUTO.		·····
			E-mail address: (	to be used for future annual report not	ification)
For fi	arther in	nformation co	oncerning this matter, please ca	all:	
JAMI	ES SM	YKA		at ( )	
		Name of	Person	Area Code Daytin	ne Telephone Number
Enclo	sed is a	check for th	e following amount:		
<b>■</b> \$2	<b>25</b> .00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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

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

INTEGRATED DEALER ELECTRONIC ACCESSORY SOLUTIONS, LLC.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{3/22/2013}{1}$ and assigned Florida document number \_ L13000043547 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 contain the words "Limited Liability Company," the designation "LLC" or the abore viation "LLC" 13751 JUNIPER BLOSSOM DRIVE Enter new principal offices address, if applicable: **TAMPA, FL 33618** (Principal office address MUST BE A STREET ADDRESS) 13751 JUNIPER BLOSSOM DRIVE Enter new mailing address, if applicable: **TAMPA, FL 33618** (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address , Florida City

## 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.

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>	Type of Action
MGR	JAMES S DONNELLY	4418 W LAWN AVE	
		TAMPA, FL 33611	■ Remove
			Change
MGR	JAMES R SMYKA	13751 JUNIPER BLOSSOM DRIV	<b>■</b> Add
		TAMPA, FL 33618	□ Remove
			Change
			□ Remove
			Change
			Remove
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			TO DO THE
			Change FLORING FLORING Add
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fective date, if other than n effective date is listed, the date	e must be specific and car	nnot be prior to date of filing or more to t the applicable statutory filing rec	(optional) nan 90 days after filing.) Pursua	int to 605.020
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record specifies a delenter the		e, but not an effective time	e, at 12:01 a.m. on the	e earlier (
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	Signature of a mer	mber or authorized representative of a	member TOT ST	
				- 1
	JAMES	CMUVA	STATE FI ORIC	

Page 3 of 3

Filing Fee: \$25.00