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COVER LETTER

TO: Registration Section
Division of Corporations

MVP Auto Brokers 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:

Craig Finlay

Name of Person

Team TSI LLC

Firm/Company

1701 Kennedy Point Suite 1009

Address

Oviedo, FL 32765

City/State and Zip Code

cfinlav@team-tsi.com

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

For further information concerning this matter, please call:

Craig Finlay

_{ar} 407 366-4102 x 201

Area Code & Daytime Telephone Number

Name of Person

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

MVP Auto Brokers 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 4/29/2013 and assigned Florida document number <u>L13000062120</u> 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) Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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>	Name	Address	Type of Action
MGMR	Craig Finlay	1701 Kennedy point	Add
		Suite 1009	Remove
		Oviedo, FL 32765	
MGMR	Team TSI	1701 Kennedy Point	Add
	,	Suite 1009	Remove
		Oviedo, FL 32765	
-			Add
			Remove
			_
			Add
			Remove
			29
			PHIZ: 0S
			Remove
			_
			Add
			Remove

D. I	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	11
Date	May 28 2013
	Signature of a member or authorized representative of a member Craig Fiblay
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2018 MAY 29 PH 12: 05