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APR 19 201A J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor			
C11D II		C VEHICLE ADMINISTRATO	DRS, LLC.	
SUBJE	cci:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	rcturn all correspo	ondence concerning this matter	to the following:	elephone Number
		DYANA HAGMAIER	(s) are submitted for filing. his matter to the following: MAIER Name of Person HICLE ADMINISTRATORS, LLC. Firm/Company RSITY DRIVE, SUITE 201 Address GS. FL 33067 City/State and Zip Code tivecompanion.com fl address: (to be used for future annual report notification) r, please call: at (
			Name of Person	
		FORENSIC VEHICLE AT	OMINISTRATORS, LLC.	
			Firm/Company	15/ 1/
		5571 N UNIVERSITY DR	RIVE, SUITE 201	
			Address	
		CORAL SPRINGS, FL 33	3067	
			City/State and Zip Code	
		support@automotivecompa		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
DYAN	A HAGMAIER			
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

FORENSIC VEHICLE ADMINISTRATORS, 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 5/28/2013 and assigned Florida document number L13000076722 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AUTOMOTIVE COMPANION SOLUTIONS, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C" or the abbreviation "L.I.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 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida

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>	Name	Address	Type of Action
MGR	RAYMOND HAGMAIER	5571 N UNIVERSITY DR #201	■ Add
		CORAL SPRINGS, FL 33067	□ Remove
			Change
			Add
			Remove
			Change
			□ Add
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			☐ Change
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Filing Fee: \$25.00