L13000093679

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(Address)				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corpo	rations 🥕	•	4
SUBJECT: O'Brie	n's Auto Er	nporium LLC ed Liability Company	
	Name of Limit	ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Max O'Bri	Name of Person	·
		Firm/Company	······································
	107 Murshall	Ci C Address	
		FL 32086 City/State and Zip Code	
		2 gmail. Com o be used for future annual report notificati	
	E-mail address: (to	o be used for future annual report notificati	on)
For further information con	cerning this matter, please ca	all:	
Max o' Brien		at (<u>904</u>) <u>466 - 472</u> Area Code & Daytime Te	4
Name of P	erson	Area Code & Daytime Te	lephone 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:

TO:

Registration Section

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

O'Brien's Auto Emporium, 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 July 1 2013 and assigned
Florida document number <u>L13000a93679</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 of the neregistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida
Circ Zin 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.

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>	Address	Type of Action
rcs:dent	Max G'Brien	107 Marshall Cir	Add
		5t. Augustine FL 32086	Remove
			Add
			Add Remove
			Add
			Add Remove
			BECRE ARY OF STATE Remove

D. I	famending	any other	information, ente	r change(s) here:	(Attach additional sheets, if no	ecessary.)
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Date	ed .	0				
		Ma	x OB			
		ν	Signature of a	Member or authoriz	red representative of a member	
		/	4X 01-	Typed or printed in	name of signee	

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Filing Fee: \$25.00