(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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JAN 26 2017 S. YOUNG



## **COVER LETTER**

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SUBJECT:	Auto	mobile	sales a	and sequices	221	<b>•</b>	•		
			Name of Limi	ted Liability Company					
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	,			nitted for filing.					
Please return	all correspo	ndence concerni	ing this matter t	to the following:					
			Rudg	Joseph		<del></del>			
				Name of Person			.*		
	·			Firm/Company				٠.	
		<u>13M</u>	Salen	Ocurt Sul	re-C		=	<b>1</b>	TAL
		Taller	hassee	FL 32301	<u>'</u>		9	18H 26	LAHASSEE, FLORIUM
·	٠			City/State and Zip Coo				5 ==	SEE
		. ————————————————————————————————————	E-mail address: (1	to be used for future annu	al report notificat	ion)		= .	
For further in	formation c	oncerning this n	natter, please ca	all:				라마: 45	10 m
				at () _					.,
	Name o	f Person		. Area Code	Daytime Te	elephone Number			
Enclosed is a	check for t	ne following am	ount:						
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٠	MAIL	ING ADDRESS	S:	STRE	ET/COURIER	ADDRESS:			

Registration Section
División of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company	were filed on <u>68-19-13</u>	and assigned
Plorida document number 1300011695		
his amendment is submitted to amend the following:		· .
		•
If amending name, enter the new name of the limited liab	oility company here:	•
A1 - Auto sales and services LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	·	
	· · · · · · · · · · · · · · · · · · ·	<u>-</u>
		AN S
nter new mailing address, if applicable:	<u> </u>	26
Mailing address MAY BE A POST OFFICE BOX)		Ξ
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. If amending the registered agent and/or registered ogistered agent and/or the new registered office address her		r the name of the r
egistered agent and/or the new registered office address her	<u>ıc.</u>	
Name of New Registered Agent:		•
Name of New Registered Agent.		
New Registered Office Address:		
New Registered Office Address;		
	Enter Florida street address	
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

or removed from our records: MGR = Manager AMBR = Authorized Member Address Title Title Type of Action Name □ Add □ Remove ☐ Change □ Add, □ Remove ☐ Change JAN 26
□ Remove ☐ Change . □ Add : ☐ Remove ☐ Change \_□ Add □ Remove □ Change □ Add \_□ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

\_□ Change

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Page 3 of 3

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