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## **COVER LETTER**

TO: Registration Section Division of Corporations

KRUEG SUBJECT:	ER AUTO GROUP LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	KEITH A KRUEGER	
	Name of Person	
	KRUEGER AUTO GROUP LLC	
	Firm/Company	
	1286 COMMERCIAL WAY	
	Address	
	SPRING HILL, FL 34606	
	City/State and Zip Code	
	acesports 12@yanoo.com	-
For further information	E-mail address: (to be used for future annual report notification)  concerning this matter, please call:	TIT
	954 665-1439	5
KEITH KRUEGER	at () to	Ĺ
Name	of Person Area Code Daytime Telephone Number T	
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

KAKALE AUTO LLC	
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company wer Florida document number L13000122955	re filed on 8/30/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
KRUEGER AUTO GROUP LLC	
The new name must be distinguishable and contain the words "Limited Liability C	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)	20 min 10 min 1
_	20 SSE
	m <sub>m</sub> 0
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Ciny 7 in 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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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Page 3 of 3

Filing Fee: \$25.00