

L14000036767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2014 MAY - 1 PM 3: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY - 6 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Auto Mount Solutions 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:

Cristina Del Valle

Name of Person

Auto Mount Solutions LLC

Firm/Company

15751 Sheridan St. #136

Address

City/State and Zip Code

Davie, Florida 33331

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

For further information concerning this matter, please call:

Cristina Del Valle

Name of Person

at (786) 419-1486

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
2014 MAY -1 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Auto Mount Solutions 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 03/03/2014 and assigned
Florida document number L14000036767

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:

15751 Sheridan St. #136

(Principal office address MUST BE A STREET ADDRESS)

Davie, Florida 33331

Enter new mailing address, if applicable:

15751 Sheridan St. #136

(Mailing address MAY BE A POST OFFICE BOX)

Davie, Florida 33331

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:

Cristina Del Valle

New Registered Office Address:

15751 Sheridan St. #136

Enter Florida street address

Davie

City

Florida 33331

Zip 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

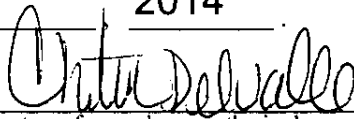
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cristina Del Valle	16221 NW 13 St	<input type="checkbox"/> Add
		Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Remove
AMBR	Cristina Del Valle	15751 Sheridan St. #136	<input checked="" type="checkbox"/> Add
		Davie, Florida 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 28 2014



Signature of a member or authorized representative of a member

Cristina Del Valle

Typed or printed name of signee

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Filing Fee: \$25.00

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2014 MAY -1 PM 3:15
CLERK OF STATE
TALLAHASSEE, FLORIDA