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COVER LETTER

TO:	٠	Registration Section	
		Division of Corporations	:

SUBJECT: AUTO SWEDEN, 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:

Kenneth L. Paretti, Esquire

Name of Person

Quinton & Paretti, P.A.

Firm/Company

80 SW 8th Street, Suite 2150

Addres

Miami, Florida 33130

City/State and Zip Code

kparetti@quintonparetti.com

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

For further information concerning this matter, please call:

Kenneth L. Paretti, Esquire

,,305 <u>,</u> 358-2727

Name of Person

Area Code

Daytime Telephone 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:

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

AUTO SWEDEN, LLC		
(<u>Name of the Limited</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	bility Company were filed on April 14, 2014	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and end with the we	ords "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	72-2-1
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	POX)	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>e</u> i <u>ce address here</u> :	nter the name of the nev
Name of New Registered Agent:		TALL SE
New Registered Office Address:	Enter Florida street address	
	, Florid	a To
,	City	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:	్ మైక లు

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>	Address	Type of Action
MGR	Fernando Arellano Geddes	13110 Biscayne Blvd., North Miami, Florida 3318	1 ■ Add
			□ Remove
			Add
			□ Remove
	 		🗆 Add
			_□ Remove
			Add
		ALLAH ALLAH AASS	Remove
		E DA DA	_□ Add ☐ ☐ Remove ☐
			_□ Add
			_□ Remove

. _. I	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(T	Iffective date, if other than the date of filing: The effective date must be specific, carried 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 filerida Department of state.
Ι	Dated June 2 2014
	Signature of a monitor or authorized representative of a monitor
	Kennett L. Paretti, Esquire, Registered Agent Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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