

L14000061012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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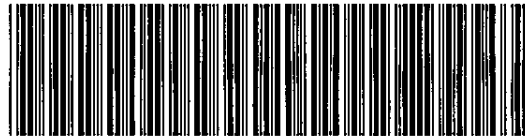
(Business Entity Name)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: 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

Address

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

305 358-2727
at (_____) _____

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

Auto Sweden LLC

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
Only this document is limited liability
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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Matias Larsen	19275 NW 2nd Ave., Miami, FL 33169	☐ Add
			☐ Remove
			☒ Change
MGR	Juan Carlos Belcastro	19275 NW 2nd Ave., Miami, FL 33169	☐ Add
			☐ Remove
			☒ Change
MGR	Antonella Belcastro	19275 NW 2nd Ave., Miami, FL 33169	☐ Add
			☐ Remove
			☒ Change
MGR	Romina Belcastro	19275 NW 2nd Ave., Miami, FL 33169	☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☒ Change

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TALLAHASSEE, FLORIDA

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

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

1/14

2014

~~Signature of a member or authorized representative of a member~~

Kenneth L. Paretti, Esq.
typed or printed name of signer

Typed or printed name of signee

SECRETARY OF STATE
WASHINGTON, D. C.
U. S. DEPARTMENT OF STATE
WASHINGTON, D. C.

2016 JAN 19 4:06

