L14600075251

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500265174045

10/10/14--01032--007 **25.00

SECRETARY OF SIME

3 Shivers OCT 1 5 2014

COVER LETTER

TO: Registration Section
Division of Corporations

TIG AUTO BROKER LLC

SUBJECT

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:

Francoise Boyer

Name of Person

TIG Auto Broker LLC

Firm/Company

13794 SW 145 CT

Address

MIAMI, FLORIDA 33186

City/State and Zip Code

HENRY@TIGAUTOBROKERS.COM

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

For further information concerning this matter, please call:

FRANCOISE BOYER

_305\772-8632

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

TIG AUTO BROKER LLC	
(Name of the Limited Liabi	lity Company as it now appears on our records.)
(A Flori	da Limited Liability Company)

The Articles of Organization for this Limited Liabi	lity Company were filed on 05-08-2014	and ass	sioned
Florida document number L14000075251		and as	signou
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.			
intuining undiress MAT BEAT OST OFFICE BO.	<u> </u>		
			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter	r the name	of the new
registered agent and/or the new registered office	address here.	₩.	
Name of New Registered Agent:			
		SHADOT OF	17
New Registered Office Address:	Enter Florida street address	SS	false-
	, Florida	FG A	
_	City	Zip Code	144 A SQ
New Registered Agent's Signature, if changing Regi	stered Agent:	7 EEE	
provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the reg	gent and agree to act in this capacity. I further a and complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or istered office address, I hereby confirm that the l	familiar wi r, if this doci	th and ument is
company has been notified in writing of this cha	inge.		

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	GLISET M. PEREZ	14840 SW 148 ST CIRCLE	□ Add
		MIAMI, FLORIDA 33196	Remove
			☐ Remove
		 	
			☐ Remove
			Add TALL Remove
			And Semove

•	,g-	e(s) here: (Attach additional sheets, if necessa
		.
ie effective date n	if other than the date of filing: nust be specific, cannot be prior to date of recent is filed by the Florida Department of Sta	eceipt or filed date and cannot be more than 90 days after
		014
	Francois	e Dockes
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Signature of a member	er or authorized representative of a member
FR		er or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SIAIR
TAIL AHASSES EL ABORT