# 114000085791

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SECRETARY OF STATE

2016 DEC 12 P

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## COVER LETTER

TO: 'Registration Section Division of Corporations
SUBJECT: FRS AUTOLL C 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:
Priscilla Gonzalez
Flerce Consulting
7735 NW WHAST BONT
miami, FL 33166
FICE CONSULT MINION COMIL. COM
For further information concerning this matter, please call:
PNSCING GUNZAICT at (305) 853-UNT-5 Area Code Daytime Telephone Number 2 7
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Big
Certificate of Status  Certified Copy  (additional copy is enclosed)  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

FRS Auto 1	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400085791</u>	6/20/14
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	Blog 1 Par G H COLON
	WEST Palm bouch it costy
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	11910 old okee Chobee RD Blog 1 pam Beach, Ft 334100
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
	2016 TALL
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address (N > 2
	Enter Florida street address
	City Sp St De Company
Nam Degistered Agent's Signature if changing Degistered Agents	

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.= Manager

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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(If an e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a	ptional) after filing.) Pursuant to 605	5.0207 (
docu	If the date inserted in this block does not meet the applicable statutory filing requirements, nent's effective date on the Department of State's records.	this date will not be list	ied as i
	cord specifies a delayed effective date, but not an effective time, at 12:0 e 90th day after the record is filed.	1 a.m. on the earli	er of:
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Date	December Letza, 2010		
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Filing Fee: \$25.00