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(Re	questor's Name)	
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TALLAHASSEE, FEDRAGA

SEP 25 2014

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COVER LETTER

•	COVER LETTER			
TO: Registration Secti Division of Corpo				
Automotive Property Group, LLC				
	Name of Limited Liability Company			
The enclosed Articles of An	nendment and fee(s) are submitted for filing.			
Please return all corresponde	ence concerning this matter to the following:			
	Sandra Krause			
	Name of Person			
	Automotive Property Group, LLC			
	Firm/Company			
	970 Lake Carillon Drive, Ste. 300			
	Address			
	St. Petersburg, FL 33716			
	City/State and Zip Code			
	Admin [®] AutoBizBrokers.com			
	E-mail address: (to be used for future annual report notification)			
For further information cond	cerning this matter, please call:			
Sandra Krause (770) 885-3715				
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

Automotive Propert				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	s on our records.)	38	201
The Articles of Organization for this Limited Liability Company w	ere filed on	8/29/2014	and assigned	2014 또P
Florida document numberL14000140115			SS.	22
This amendment is submitted to amend the following:			H OF	×
A. If amending name, enter the new name of the limited liability	ty company he	<u>re</u> :		(J) (S)
The new name must be distinguishable and end with the words "Limited Liability	ty Company," the o	lesignation "LLC" or the ab	breviation "L.L.C."	_
Enter new principal offices address, if applicable:	970 La	ake Carillon Driv	е	
(Principal office address MUST BE A STREET ADDRESS)	Suite 300		_	
	St. Petersburg, FL 33716			_
Enter new mailing address, if applicable:	970 La	ake Carillon Driv	e	
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33716			_
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		our records, <u>enter t</u> da street address , Florida	he name of the	<u>: new</u>
	City		Zip Code	_

If Changing Registered Agent, Signature of New 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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u> Title</u>	Name	Address	Type of Action
			D Add
			□ Remove
			Add
			□ Велюче
			D Add
			Remove
			D Add
			□ Remove
			Add
			Remove
			Add
		*****	□ Remove

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional si	heets, if necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) than 90 days after
Dated September 18 2014	
Signature of a member or authorized representative of a member of of a mem	
Typed of printed mane of signed	2014 SEP 27 SEGRETAF

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Filing Fee: \$25.00