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COVER LETTER

Τ Ο :	Registration Sec Division of Corp		7	•			
SUBJI	FCT: TOTALNAT	ION AUTO PRO LLC,	,				
0000		Name of Limi	ited Liability Co	ompany			
		•					
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filir	ıg.			
Please	return all correspor	ndence concerning this matter	to the followi	ng:			
		CLEONICE GLANERT				<u></u>	
		•	Name of	f Person			
		TOTALNATION AUTO P	ROLLC				
		·	Firm/Co	ompany			
		4303 N. ANDREWS AVE	Add	ress		·	
				. •			
		OAKLAND PARK FL 333					
			City/State an	id Zip Code			
		CLEOGLAN@ME.COM E-mail address: (1	to be used for fi	uture annual repo	rt notification)		
For fu	rther information co	oncerning this matter, please ca		·	·		
CLEO	NICE GLANERT		at (30)	5 \ 775-22	92		
Name of Person		Person			Paytime Telephone Nu	mber	
			,				
Enclos	sed is a check for th	e following amount:					
■ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certifi	Filing Fee & ed Copy	Cert Cert	O Filing Fee, ificate of Status ified Copy tional copy is enclos	
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314		Registration Division of C Clifton Build	Corporations ling ive Center Circle	S:	

TO ARTICLES OF ORGANIZATION OF

TOTALNATION AUTO PRO LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A rior	ida Elimied Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 03/24/2012	and assigned
Florida document number L14000144526		•
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		enter the name of the new
New Registered Office Address:		
	Enter Florida street address	8 5 8 5
	, Flor , Flor	ida <u>en</u> <i>Zip Code</i>

New Registered Agent's Signature, if changing 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or remove	d from our records:	rage, <u>enter the title, halle, alle address c</u>	touch person point was
MGR = I	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ricardo A. Fung Young	302 SW 85Th Way Pembroke pines	■ Add
		FI 333025	Remove
		·	Change
			Add
			□ Remove
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