L14000144526

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

S. WARREN JUN 2 9 2017

COVER LETTER

Division of Co			
TOTALN	ATION AUTO PRO LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enctosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CLEONICE GLANSOF		
		Name of Person	
	TOTALNATION AUTO F	RO LLC	
		Firm/Company	
	3060 NW 23RD AVE #B		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address	
	OAKLAND PARK FL33		
	TOTALNATIONAUTO@F		
	E-mail address: (to be used for future annual report notifi	(calion)
For further information	concerning this matter, please c	all:	
CLEO		305 775-2292	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Taliahassee, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTALNATION AUTO PRO LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.) Liability Companyi
The Articles of Organization for this Limited Liability Company Florida document number 1.14000144526	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	diffy 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)	
Enter new mailing address, if applicable:	2436 OKEECHOBEE LN
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE FL 33312
New Registered Agent's Signature, if changing Registered Agent:	Cuy Zap Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR/	MGR= Ricardo A. Fung Young	2436 okeechobee LN	= Add
_		Fort lauderdale Fl 33312	□ Remove
			Change
MGR	Cleonice Glanert	2436 okeechobee In	
		fort lauderdale fl 33312	
			Change
			Add
			Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			FILED FI

	ation, enter change(s) here: (Attach additional sh	есть, у песельш у.)
Angelon land and an and an and an and an		
		
ffective date, if other than t	05/30/2017 te date of filing:	(optional)
Note: If the date inserted in this	ust be specific and cannot be prior to date of filing or more that block does not meet the applicable statutory filing requi	n 90 days after filing) Pursuant to 605.0207 (3)(b) irements, this date will not be listed as the
locument's effective date on the	Department of State's records.	
e record specifies a delay	ed effective date, but not an effective time,	at 12:01 a.m. on the earlier of:
The 90th day after the re	cord is filed.	
05/30/2017 Dated		$\Lambda \Lambda \Lambda$
(1)	TON	N M
	Signature of a maniper or authorized representative of a m	ember
Cleonice Glanert	, — <u>— </u>	
	Typed or printed name of signee	
	Page 3 of 3	LOR STA
	Filing Fee: \$25.00	

Filing Fee: \$25.00