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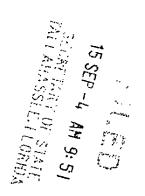
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## **COVER LETTER**

	ision of Corp			
SUBJECT:	AUTO TEN	DER CARE LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		PATRICIA RODRIGUEZ		
			Name of Person	
		ALL BUSINESS SOLUTI	ONS	
			Firm/Company	
		540 PATIO VILLAGE WA	AY	
		-	Address	
		WESTON, FL 33326		
			City/State and Zip Code	
		allbsflorida@gmail.com		
			to be used for future annual report notific	zation)
For further in	nformation co	oncerning this matter, please co	all:	
PATRICIA I	RODRIGUE	Z	305 338-2943	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 F	iling 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

any as it now appears on our records.) Liability Company)	
were filed on 01/16/2015	and assigned
bility company here:	
ility Company," the designation "LLC" or	the abbreviation "L.L.C."
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City	Zip Oode
	Any as it now appears on our records.) Liability Company)  / were filed on   Olitory  Office address on our records, one:  Enter Florida street address  City

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

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>	<u>Address</u>	Type of Action
MGR	SERGIO MARIN	2544 S.W. 119TH TERRACE	■ Add
		MIRAMAR, FL 33025	□ Remove
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cument's effective date on the Department of State's records.	record specifies a delayed The 90th day after the rec	l effective date, but not an e ord is filed.	ffective time, at 12:01 a	.m. on th	e earlier	of
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o	AUGUST, 28	2015				
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. $\frac{\text{AUGUST, 28}}{\text{August, 28}}, \frac{2015}{\text{August, 2015}}$						

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee