# #\_15000010571

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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2815 JUL -6 PH 2: 16

K.SALY EXAMINER JUL -8 2015

### **COVER LETTER**

TO:		stration Section of Corp			•
SUBJE	· ·CT·	Tripe A Auto	omotive LLC		
300312	.c.i			ted Liability Company	
The end	closed A	Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please r	return a	ll correspon	dence concerning this matter t	to the following:	
			Kalvin Vitalis		
				Name of Person	<del> </del>
			Triple A Automotive LLC		
				Firm/Company	
			1024 W Oakland Park Blvd	1	
				Address	·····
			Wilton Manors , FL 33311		
				City/State and Zip Code	
			Buyfromkalvin@yahoo.com	<b>1</b>	
			E-mail address: (to	o be used for future annual report noti	fication)
For furt	her inf	ormation cor	ncerning this matter, please ca	11:	
Kalvin	Vitalis			954 557-9069 at ()	
		Name of I	Person	Area Code Daytim	e Telephone Number
Enclose	d is a c	heck for the	following amount:		
\$25	.00 Fil	ing 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

28/5 JUL -6 PH 2: 16

Triple A automotive LLC

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

		- 1 <b>0</b> πης
The Articles of Organization for this Limited Liability Con Florida document number L15000010571	npany were filed on January 20,2015.	and assigned
Γhis amendment is submitted to amend the following:		
<u> </u>		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	SS)	
Enter new mailing address, if applicable:		
• ••		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address  Name of New Registered Agent:	ss here:	
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	•
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	nplete performance of my duties, an nt as provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is
_	If Changing Registered Agent, <u>Signature o</u>	-

# 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
MGR	Horace Murphy	12155 NW 46 Street Coral Springs.	Add
			■ Remove
			☐ Change
			Add
			□ Remove
			Change
		·····	Remove C
			Change
			Add
			Remove
		<del></del>	Change
<u></u>			□ Add
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ective date, if other	than the date of	filing		(o <u>j</u>	ational)
effective date is listed, the	ne date must be specia	fic and cannot be p	ior to date of filing	or more than 90 days a	fter filing.) Pursuant to 605.0 this date will not be listed
ument's effective date					
record specifies a ne 90th day after	delayed effect the record is f	ive date, but iled.	not an effectiv	e time, at 12:0:	1 a.m. on the earlie
June 17	-	2015	·		

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Typed or printed name of signee

Filing Fee: \$25.00