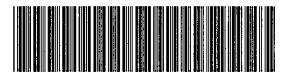
US0000 15054

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only

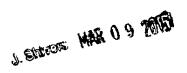




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15 FEB 26 AM II: II



COVER LETTER

	tegistration Division of C	Section Corporations		
SUBJEC"		ane Autoz LLC		
SUBJEC			Name of Limited Liab	ility Company
Dear Sir o	or Madam:			
The enclo	sed Stateme	ent of Correction and fee(s)	are submitted for filin	g.
Please reti	urn all corre	espondence concerning this	matter to the following	g:
Mladen	Muzdek	а		
		Name of Person	<u> </u>	-
Fast La	ine Auto	z LLC		
		Firm/Company		-
5800 U	niversity	Blvd W Apartment 4	20	
		Address		-
Jackso	nville, Fl	32216		
		City/State and Zip Code		-
muzdel	kamladei	n@gmail.com		
E-m	ail address:	(to be used for future annu	al report notification)	_
For furthe	r informatio	on concerning this matter, p	lease call:	
Miaden	Muzdek	a	904 at (343-9806
	Nar	ne of Person	Area Code	Daytime Telephone Number
Registration Division of Clifton Bu 2661 Exec	on Section of Corporati	er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed	is a check	for the following amount:		
□ \$25 Fil	ing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062	(2/14)			

STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

<u>IRST</u> :	The name of the limited liability company is: [Fast Lane Autoz LLC]					
SECOND	nited liability company is: L150000150	94				
ΓHIRD:	Document to be corrected is: Article of Organization					
✓ Co	CHECK THE APPROPRIATE BOX AND COntains an incorrect statement. The incorrect streeted statement are as follows: ease add my name as Registered Manag	tatement, the reason the statement is inco				
Th	e name to be added is Mladen Muzdeka.	Please call with any questions.	- -			
<u>O</u> F	<u> </u>					
	as defectively signed. The manner in which the rection are as follows:	ne document was defectively signed and	the appropriat			
			MII: 22			
<u>О</u>	<u> </u>		_			
Mlyl	e electronic transmission of the record was de	fective. 02/23/2015	_			
Signati	are of Authorized Representative	Date				

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)