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SECRETARY OF STATE

K. SALY NOV 15 2016

COVER LETTER

	tion Section of Corporations
	Đ AUTO USA LLC
SCBRC1:	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all e	orrespondence concerning this matter to the following:
	DENNIS LEVY
	Name of Person
	RED AUTO USA LLC
	Fim/Company
	2510 NW ISCAVENUE
	Address
	BOCA RATON, FL 33431
	City/State and Zip Code
	dennis@mrautousa.us
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
DENNIS LEVY	561 271-3305
** ***********************************	Name of Person Area Code Daytime Telephone Number Output Daytime Telephone Number
functosed is a chec	rk for the following amount:
S25.00 Filing	Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

2016 NOV	ELEO
TALLAHASSEL	OF STATE.

RED AUTO USA LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Name of New Registered Agent:

N/A

Now Participated Office Address:

N/A

Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

registered agent and/or the new registered office address here:

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>	Name	Address	Type of Action
MGR	THOMAS P SCIEO	727 SUNNY SOUTH AVE	
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effective date	is listed, the date must be specific inserted in this block does	ic and cannot be prior t	o date of filing or n	ore than 90 days at	fler filing.) Pursuant	to 605.020
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Filing Fee: \$25.00