1150000 49722

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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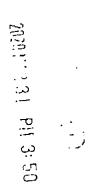
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C GOLDEN

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: AP	Auto E. Sc	ind Liability Company	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Lazaro Va	- Traine of Letson	
	Ap Autol	Sound Firm/Company	· · · · · · · · · · · · · · · · · · ·
	4701 S.W.	Firm/Company 5+ 15 Blds 7 By Address	/6
	Dane, Phands	City/State and Zip Code Con of Oya Long Canalo be used for future annual report notific	
For further information co	E-mail address: (to the common this matter, please co		cation)
1		ar (23%) 2588	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing 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 Se	ection	Street Address: Registration Sect	
Division of Co	orporations	Division of Corp.	orations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2020 K = 31 FY 11:56

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2020

LAZARO VAZQUEZ 3316 EL JARDIN DRIVE APT. 4 HOLLYWOOD, FL 33024

SUBJECT: AP AUTO & SOUND LLC

Ref. Number: L15000049722

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document is too light.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 920A00001820

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AP Auto & Sc	ound LLC	2f1:11 131 Pii 3:50
AP Auto & Sc	Liability Company as it now appears (Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L 15000049</u>	ility Company were filed on $\underline{3}$	19/2015 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here	<u>e</u> :
The new name must be distinguishable and contain the word	s "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regi		ords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a street address
	City	, Florida
Name Danietarad Amartic Signatura, if charaina Dan	ictared Americ	

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>	Address	Type of Action
AMBR	BARBRA Vazquez	P.O. BOX 849101	 X Add
		Hollywood F1,33084	□Remove
			□Change
	 .		🗆 Add
			□Remove
			Change
			□Remove
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an eff iote:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.
ated	November 22, 2019.
	The state of the same of the s
	, Signature of a member or authorized representative of a member

Page 3 of 3