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COVER LETTER

TO:

Registration Section Division of Corporations

	AUTO TAG AGENCIES LLC	(L15000057170)	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Trease return an correspon	-	d do	
	Robin Green, CFO		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	OATA LLC		
		Firm/Company	
	8421 S. John Young Pkwy	, Ste 150	
		Address	
	Orlando, FL 32819		
		City/State and Zip Code	
	robin@youroata.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Robin In	een, CFO	407 435-2398 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA AUTO TAG AGENCIE	S LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Li Florida document number <u>L15000057170</u>		were filed on MARCH 3	1, 2015	_ and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
OATA LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applications	able:	~ NO CHANGE ~		
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	~ NO CHANGE ~		
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records,	enter the name	of the new registere
Name of New Registered Agent:	~ NO CHANG	E ~		
New Registered Office Address:				·
		Enter Florida street	address	
			Florida	:
		City		Zip Code

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
		~ NO CHANGE ~	
			□Remove
			□Change
			□Add
			□Remove
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	(Kolon Kfreen, CPD	_
Robin Green, CFO	signature of a member or authorized representative of a member	
	Robin Green, CFO	

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