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(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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SECHAIMRY OF STATE ALLAHASSEE, FLORID;

> K. Saliyar C. K. J. B. 2015

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mendz Auto LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Viviany Mendez & Romer Mende	2
Firm/Company	
7835 PINE Crossing Circle #1026	
DY I AND FL 32807 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (407) len 7 1073 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee & Certificat	itus &

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

ARTICLES OF C	11 6 6
Mendz Auto Lu (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) AHASSE FOR STATE
The Articles of Organization for this Limited Liability Company Florida document number 150000678.	were filed on April 10 25 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2513 North Forysth Rd
(Principal office address MUST BE A STREET ADDRESS)	Suite F Driando Fl 32807
Enter new mailing address, if applicable:	\$57835 Pine crossings circu
(Mailing address MAY BE A POST OFFICE BOX)	#1026
	0/10ndo, FZ 32807
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent: - Same Y	registered Agent -
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'=M $AMBR=A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Viviany Mendez	7835 Pine crossing circle	∠ □ Add
		#1026	Remove
		Orlando, FL 32807	Change
MGR	Romer Mendez	Orlando, FL 32807 1835 Ane crossing circle	Add
		#1026	Remove
		0/1ando to 32807	Change
			□ Add
			Remove
			Change
		A CONTRACTOR OF THE CONTRACTOR	Remove Change
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			Remove
			Change
			□ Add
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record specifies a dela	aved effective	e date, but	not an effective	e time.	at 12:01	a.m. on the earli	ier
he 90th day after the				•			
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	Jun	\mathcal{M}	and				
	Signature of	a member or a	ithorized representat	ve of a n	ember		

Page 3 of 3

Filing Fee: \$25.00