L1500085348

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE FAILAHASSEE. FLORIDA

SECRETARY OF STATE DIVISION OF CORPORATION 15 JUN 10 AM 4: 25

JUN 1 1 2015

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COVER LETTER

TO:		tration Section of Corp				
CUDI		NEW AUTO	APPEARANCE FLORIDA	LLC		
SUBJI	.ci: _		Name of Limi	ted Liability Company		
			mendment and fee(s) are subsidence concerning this matter to			
			KEVIN ROHALMIN			
				Name of Person		
			NEW AUTO APPEARAN	CE FLORIDA LLC		
				Firm/Company		
			2751 PROSPERITY AVE	STE 530		
				Address		
			FAIRFAX, VA 22031			
				City/State and Zip Code		
			E-mail address: (t	o be used for future annual re	port notification)	
For fur	ther info	ormation con	cerning this matter, please ca	ill:		
KEVII	N ROHA	LMIN		at ()		
		Name of F	erson	at () Area Code	Daytime Telephone	: Number
Enclose	ed is a c	heck for the	following amount:			
\$25	5.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclo	sed) (60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
						Zo Z

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 OF

NEW AUTO APPEARANCE FLORIDA	A LLC			
(Name of the Limited Lie (A Flo	ability Compa lorida Limited I	ny as it now appears o liability Company)	n our records.)	
The Articles of Organization for this Limited Liabilit Florida document number L15000085348	ity Company	were filed on MAY	14, 2015	and assigned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liabi	ility company hére	:	
NEW LOOK AUTO APPEARANCE FLORIDA LLC				
The new name must be distinguishable and contain the words "	"Limited Liabil	ity Company," the desi	gnation "LLC" or the abbr	eviation "L.IC."
Enter new principal offices address, if applicable:	:	N/A		
(Principal office address MUST BE A STREET AL	DDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)	Q			
	-			
B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:			ur records, <u>enter tl</u>	ne name of the new
		Enter Florida	street address	
			, Florida	Zip Code
_		City	-	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered	nd complete	performance of my	duties, and I am fai	ndiar withand

If Changing Registered Agent, Signature of New Registered Agen

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited hybilist

company has been notified in writing of this change.

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 **Title** Name <u>Address</u> **Type of Action** □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change ☐ Remove _□ Change _ Add _□ Remove _□ Change _□ Add Remove JUN 10 AM 4: 26

RESECRETARY OF STATE

OALLAHASSEE FLOREDA Change

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ffectiv	e date, if other than the date of filing: (optional)	
an enco lote: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603 file inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	5.0207 (3) ted as the
ocumer	nt's effective date on the Department of State's records.	
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early both day after the record is filed.	er of:
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N.	Signature of a member or authorized representative of a member	I NOT 51 IO NOTSTATE
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Filing Fee: \$25.00