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(Re	questor's Name)	
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SECRETARY OF STATE DIVISION OF CORFORATIONS

N COOPER MAY 0 9 2018

## **COVER LETTER**

	tration Section of Corp			
SUBJECT:	AMERICA	N AUTO EXPORT LLC		
SOBULCI		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspor	ndence concerning this matter	to the following:	
		PRITI PATEL		
			Name of Person	Firm/Company  Address  //State and Zip Code sed for future annual report notification)  954 at (
	AMERICAN AUTO EXPORT LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  PRITI PATEL  Name of Person  SOFTBOOKS INC  Firm/Company  5373 N NOB HILL RD  Address  SUNRISE, FL 33351  City/State and Zip Code info@softbooksinc.com  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  L  Name of Person  1 954  Area Code  Area Code  Daytime Telephone Number  check for the following amount:  Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Sco.00 Filing Fee & Certificate of Sycandicional copy is enclosed)			
			Firm/Company	
		5373 N NOB HILL RD		
			Address	
		SUNRISE, FL 33351		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			to be used for future annual conset notifi	(action)
For further info	ormation co		·	cationy
PRITI PATEL				
	Name of	Person		Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25.00 Fili	ing Fee		Certified Copy	Certificate of Status & Certified Copy

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

AMERICAN AUTO EXPORT LLC				
( <u>Name of the Limited Lia</u> (A Flo	bility Company orida Limited Lia	y as it now appears of ability Company)	n our records.)	
The Articles of Organization for this Limited Liability  Slorida document number L15000121720	y Company w 	vere filed on 07/2	/2015	and assigned
This amendment is submitted to amend the following	<b>;</b> ;			
A. If amending name, <u>enter the new name of the l</u>	limited liabil	ity company here	;	
he new name must be distinguishable and contain the words "l	Limited Liabilit	y Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		717 NW 1ST STR	ЕЕТ	
Principal office address MUST BE A STREET AD	DRESS)	FORT LAUDERD	OALE, FL 33311	<b>2 2 3 3 3 3 3 3 3 3 3 3</b>
Enter new mailing address, if applicable:		717 NW 1ST STR	EET	CRETARY SION OF CO MAY -7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>)</u>	FORT LAUDERD	7 AP OF S	
B. If amending the registered agent and/or re egistered agent and/or the new registered office a			our records, <u>enter t</u>	he name of the
Name of New Registered Agent:				
Aailing address MAY BE A POST OFFICE BO  If amending the registered agent and/or gistered agent and/or the new registered office  Name of New Registered Agent:	7 NW 1ST ST		street address	
FO	ORT LAUDER		, Florida <sup>333</sup>	11
		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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANWAR KHAN	717 NW IST STREET	□ Add
		FORT LAUDERDALE, FL 33311	Remove
			■ Change
	<del></del>		Add
			☐ Remove
			Change
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fective date, if other than the n effective date is listed, the date mubte: If the date inserted in this blocument's effective date on the D	t be specific and cannot lock does not meet the	be prior to date o applicable sta	of filing or more t	( <b>option</b> ; han 90 days after fili quirements, this da	ng.) Pursuant to 6	 605.02 isted
record specifies a delayed The 90th day after the rec		ut not an e	ffective time	e, at 12:01 a.n	n. on the ear	rlier
MAY 2ND	2018					
	<u>Anwar</u>	Phon	1			
	Signature of a member		<u> </u>			

Page 3 of 3

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