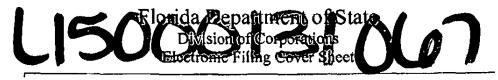
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000242914 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: JRA PROFESSIONAL SERVICES Account Name

Account Number: I20160000062 : (305)310-3965 Phone

Fax Number : (305) 456~5945

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUTOCOMMERCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

H160002429143

Registration Section

COVER LETTER

Division of Cor	poration:		
SUBJECT: AUTOCON	MMERCE, LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subs	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	JOSÉ DURAN	•	
		Name of Person	
		Firm/Company	
	1665 WEST 76 STREET	•	
		Address	
	HIALEAH, FL 33014		
		City/State and Zip Code	
	JDURANQUICK@GMAIL	.COM to be used for future annual report notifi	cation
For further information of	concerning this matter, please ca	·	,
JOSE DURAN		786 2392991	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 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

4160002429143

416000 2429143 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lightlity Commis	any as it now appears on our records.)		
(A Florida Limited	any as il now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L15000131067	were filed on <u>07/31/2015</u>	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:	16 SEF 2	
THE REALOCATORS, LLC			COLOR DESCRIPTION OF SALES
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L	.C."
Enter new principal offices address, if applicable:	1665 WEST 76 STREET		
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL	= -	<u> </u>
	33014		등() 도요
		29	975 275 275
Enter new mailing address, if applicable:	1665 WEST 76 STREET	7719	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	HIALEAH, FL	<u>——</u>	- Maria
	33014	<u></u>	***
		. •	er er
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name o	f the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida ³	33014 Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with r. if this docum	and ment is

or removed from our records: #16000 at 29143 MGR = Manager AMBR = Authorized Member			
Title	Name.	Address	Type of Action
			Add
			☐ Remove
			☐ Change
 -	-		O Add
			Д Велюче
			Change
			Add
			Remove
			☐ Change
			□ Remove
•			Change Sy
			25 25 35 35 35 35 35 35 35 35 35 35 35 35 35
			Remove
			□ Change
			□ Add
			Remove

		Typed or printed name of signee	A 9.5
	Signati JOSE DURAN	re of a member or authorized representative of a member	29
	•	A A	6 SEP
Dated	09/29	2016 A	=
ne recoi The 9	rd specifies a delayed effect of the coord is	ctive date, but not an effective time, at 12:01 filed.	a.m. on the earlier o
documen	the date inserted if this block doc t's effective date on the Departme	es not need the applicable statutory trining requirements, the	is date wit not be insted as
ffective	e date, if other than the date of	of filing:	tional) or filing.) Pursuant to 605.0207
			

Page 3 of 3

Filing Fee: \$25.00