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TO: Registration Section Division of Corporations	(
SUBJECT: Auction V CK and Auto Name of Limited Liability Company	+LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kelsey Bockhorn Name of Person	
Auction Truck and A	Puto, LLC
755 Cupress Road	
City/State and Zip Code	5,3086
E-mail address: (to be used for future annual report polification)	COM
For further information concerning this matter, please call:	•
Kelsey Bockhorn at (904) 67/383 Name of Person Area Code Daytime Telephone N	Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)

COVER LETTER

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

TO ARTICLES OF ORGANIZATION OF

08/07/2015 and assigned The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number 11.5000/35464 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter-the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

or,removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kelsey D. Bock	noru 155 cypress Raa St. Myssine, FL,	32086
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Note: If the document when the record	d specifies a delay		te, but not an effe	ctive time, a	. 12.01 a.m.			
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Filing Fee: \$25.00