## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : T19990000242

Pax Number

Phone : (215)563-8113 : (215)977-9386

\*\*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 MADE TECHNOLOGIES, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
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| Estimated Charge      | \$25.00. |

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MADE TECHNOLOGIES, LLC  |                 |
|---|-----------------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)   |                 |
| the Articles of Organization for this Limited Liability Company were filed on September 29, 2015 and assigned lorida document number L15000165969                         |                 |
| his amendment is submitted to amend the following:  |                 |
| . If amending name, enter the new name of the limited liability company here:   |                 |
| ACCU-TRADE CANADA, LLC  |                 |
| ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"                                    |                 |
| nter new principal offices address, if applicable:  | ·<br><u></u>    |
| Principal office address MUST BE A STREET ADDRESS)  | 7               |
| nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)   | —(`.<br>Å.<br>— |
| s. If amending the registered agent and/or registered office address on our records, enter the name of the egistered agent and/or the new registered office address here: | <u>e nev</u>    |
| Name of New Registered Agent:   | <del>-</del> -  |
| New Registered Office Address:  |                 |
| Enter Florida street address  |                 |
| , Florid::  |                 |
| City Zip Code   |                 |
| lew 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

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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 $AMBR = A$ | anager<br>uthorized Member |         |                |
|--------------------|----------------------------|---------|----------------|
| Title              | Name                       | Address | Type of Action |
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To: 18506176383@rcfax.com Fax: (850) 617-8383

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| iffective date if other than the  | late of filing            | σ·               |  | (                   | optional)           |                                       |
| Effective date, if other than the<br>if an effective date is listed, the date must<br>Note: If the date inserted in this blo<br>document's effective date on the De | ck does not r             | neer the applica | to date of filing o<br>ible statutory fi | r more than 90 day: | after filing ) Purs | uant to 605.0207<br>not be listed as  |
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| Dated December 3  | <del></del>               | . 2018           | _·                                       |                     |                     |                                       |
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Filing Fee: \$25.00