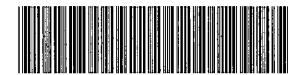
L15000200764

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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К SALY JUL 1 1 2018



April 23, 2018

THE DUCT MAN OF SOUTH FLORIDA LLC STEPHEN SIEGEL 73 DUNBAR RD. PALM BEACH GARDENS, FL 33418

SUBJECT: THE DUCT MAN OF SOUTH FLORIDA LLC

Ref. Number: L15000200764

We have received your document for THE DUCT MAN OF SOUTH FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P07000107138 "AUTOMAN CORP".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 418A00008226

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	gistration Servision of Corp			
SUBJECT:		an of South Florida LLC		
SUBLET.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Stephen Siegel		
			Name of Person	
		The Duct Man of South Flo	orida LLC	
Firm/Company				
73 Dunbar Rd				
		· · · · · · · · · · · · · · · · · · ·	Address	
		Palm Beach Gardens, FL	33418	
			City/State and Zip Code	
		buzzysiegel@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further is	nformation co	oncerning this matter, please ca	all:	
Stephen Sie	gel		561 891-8662	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 H	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

18 JUL 10 AM 10: 41

The Duct Man of South Florida LLC

(Name of the Limited Liability Company as it now annears on our records.)
(A Florida Limited Liability Company)

he Articles of Organization for this Limited Liability	Company were filed on 12/01/2015	and assigned
lorida document number L15000200764	<u>_</u> ·	
ais amendment is submitted to amend the following:		
If amending name, enter the new name of the lir	nited liability company here:	
ne Auto Man LLG SJS Auto Investments LLC		
ne new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		
. If amending the registered agent and/or reg	istered office address on our records,	enter the name of the
egistered agent and/or the new registered office ad	<u>dress here</u> :	
Name of New Registered Agent.		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	
	, Flori	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	nnager Rhorized Member	18 JUL 10 AH 10: 42	
<u> Title</u>	<u>Name</u>	Address STATISTICS STATE	Type of Action
			DAdđ
			C Remove
			☐ Change
			D Add
			Remove
			Change
			□ Remove
			🖸 Change
			🗆 Add
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
			☐ Change

_	10 TILED
	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 19 19 10 19 10 10 10 10 10 10
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	01/01/2018
Effect If an ef	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	3/30/2018 7/10/ 2018
Duiou	
	Stead filed
	Signature of a member or authorized representative of a member
	Stephen Siegel
	Surprise 5.050.

Page 3 of 3

Filing Fee: \$25.00