L16 0000 11295

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COVER LETTER

TO:		istration Se sion of Cor			
CUDI		Automotive	e Technologies of SWFL, LLC		
SUBJI	ect:		Name of Lin	nited Liability Company	
The en	closed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return	all correspo	ondence concerning this matter	to the following:	
			Joshua Nadeau		
				Name of Person	
			Automotive Technologies	of SWFL, LLC	
				Firm/Company	
			112 Greenwood Avenue		
				Address	
			Lehigh Acres, Fl 33936		
				City/State and Zip Code	
			jnadeaumechanic@gmail.co		
For fur	ther in	formation c	oncerning this matter, please c	to be used for future annual reporali:	r nouncauon)
Josha l	Nadeau	1		239 333-65° at ()	74
		Name o	f Person		aytime Telephone Number
Enclos	ed is a	check for ti	ne following amount:		
□ \$2 :	5.00 Fi	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		Division P.O. B	mic indexess: ution Section on of Comparations on 6327 uses, FL 32314	Registration S Division of C Clifton Bolles	orporation: http://www.conter.com/ www.conter.com/

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited 1 (A I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number L16000011295	lity Company were filed on 01/19/2016 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the hould be. Automotive Technologies of the new name must be distinguishable and contain the words	Kennyeg
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET A	IDDRESS)
	75 t 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	NAT -
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter the name of the seaddress here:
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joshua Nadeau	112 Greenwood Avenue	= Add
		Lehigh Acres, Fl 33936	□ Remove
			Change
			□ Add
			Remove
			Change
			Add
		**************************************	Remove
			Change

			SICRETANY Change
			CRETARY OF STATE
			Remove
			Change
			Add
		<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	☐ Remove
			☐ Change

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ective date, if other that	in the date of filing: ate must be specific and can:	not be prior to date of filing or	r more than 90 days	optional) after filing.) Pursuant to 605.0:
e: If the date inserted in	this block does not meet	the applicable statutory fi	ling requirements	, this date will not be listed
ument's effective date on	the Department of State	's records.		
				84
record specifies a de ne 90th day after th		, but not an effective	a time, at 12:0	01 a.m. on the earlier
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July 01	20			
ed July 01	, 20			TIS I
ed July 01				LIE SUL
ed July 01		ber or authorized representat	ive of a member	HALLING SUUM
ed July 01	Signature of a mem	ber or authorized representati	ive of a member	LIESUUM B:
ed July 01	Signature of a mem	ber or authorized representati		LIESUUMAB: NO II:

Page 3 of 3

Filing Fee: \$25.00