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COVER LETTER

CUD IECT.	Automo	tive Technologies of SWFL, L	LC	
SUBJECT:Name of Limited Liability Company				· · · · · · · · · · · · · · · · · · ·
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		Joshua	Nadeau	
			Name of Person	
		Automotive T	echnologies of SWFL, LLC	
Firm/Company			.	
		112 Greenwo	od Avenue	
Address				
		Lehigh Acres	s, Florida 33936	
City/State and Zip Code				
		jnadeaumechanic@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For further info	ormation c	oncerning this matter, please ca	all:	
Joshu	ıa Nadeau		239 333-6574	
	Name o	f Person		Telephone Number
Enclosed is a c	heck for th	ne following amount:		
□ \$25.00 Fili	ing 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:

TO:

Registration Section Division of Corporations

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

Automotive Technologies of SWF	L, LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on	and assigned
Florida document number L16000011295		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered agent and/or the new registered office add	•	enter the name of the
egistered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida -
	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 = Manager

9		
AMBR = Au	ıthorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Joshua Nadeau	Joshua Nadeau	112 Greenwood Avenue	⊒ Add
		Lehigh Acres, Florida 33936	□ Remove
			Change
		·	□ Add
			Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
		 	Add
			☐ Remove
	-	Change	
		· · · · · · · · · · · · · · · · · · ·	Add
			□ Remove
			☐ Change

D{f amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u></u>	
(If an effecti <u>Note:</u> If	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	10/11/16
	Signature of a member of authorized representative of a member
	Joshus Nadeal Typed or printed name of signee

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Filing Fee: \$25.00