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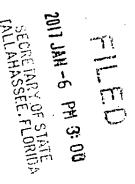
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: M.D.K Automotive LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Pesola
At A 1/ A A C 10 // C
MIDIK AUTOMOTIVE CCC Firm/Company
3611 aflant, s dr.
Holiday fl 3469/ City/State and Zip Code
One wheel wonder 6/4 (a) Yahas. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Icsola at (727) 967 - 447/ Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$ \$\ \text{Certified Copy}\$ (additional copy is enclosed) \$\ \text{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

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TALL AHASSET	5 PM 3:00
	FLORIDA

M. S.K autorofive LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	FLORIS
The Articles of Organization for this Limited Liability Com Florida document number 116 0000 23912	mpany were filed on $2-03-2016$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	· · · · · · · · · · · · · · · · · · ·	
Enter new principal offices address, if applicable:	1800 N Pinellas Al	<u> </u>
(Principal office address MUST BE A STREET ADDRE	ssi tarpon Springs fl	34689
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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

AMBR = Authorized Member <u>Title</u> **Type of Action** <u>Name</u> William Whitney 1552 Pennslyvania ave MAdd Palk Harbor, FL 34683 Rem ☐ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

					
					
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record specifies a ne 90th day after			ot an effective t	ime, at 12:01 a	.m. on the earlier of
xd	7 00	, 2017	 .		
	7 - WP/	XTT	orized representative		

Page 3 of 3

Filing Fee: \$25.00