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SECRETARY OF STATE
TALL AHASSEL TO PH 2: 42

MAR 0 4 2016 S. YOUNG

` <b>*</b>		COVER LETTER		•
TO: Registration S Division of Co		***	er e	s. *
SUBJECT:	Auto Depot Name of Lim	Group LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Christin	72 LaBossiere Name of Person		
	Auto D	Pepot Group //	<u>-</u>	
	<u>5501 541</u>	th Ave N St. Pet	FL 33709	TALLACK 15 KAR
	St. Pete	FL 337 City/State and Zip Code	09	5
	lesas	City/State and Zip Code	~~	
	E-mail address: (	Labossiere & Mac. of to be used for future annual report notifications.	ication)	2: 1:2
For further information of	concerning this matter, please ca	all:		10 3
Christine Name	LaBossiere of Person	at (727) 545 - Area Code Daytime	6/53 Telephone Number	_
Enclosed is a check for t	he following amount:		. /	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &

**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

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as at now appears on our records.) (A Florida Limited Liability Company)	<del></del>
	iability Company were filed on 62/19/20/6	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the we be contain the well-be the principal offices address, if application of the principal office address MUST BE A STREE		breviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	TAL RELATED
B. If amending the registered agent and/ registered agent and/or the new registered of	·	the name of the new
Name of New Registered Agent:	Christine Labossiere	
New Registered Office Address:	Christine LaBossiere 5501 54th Aux N	·
	Enter Florida street address  Stylete, Florida	33709 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

MGR = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Brian Barry	1894 MiChi Gan Ave N	E add
		1894 MiChiGan Ave N St. Pite FL 33703	Remove
			Change
MGR	Christine LaBossiere	1511 Satsuma St	DAdd
		Clear Water FL 3775	66 □ Remove
		***************************************	Change
			□ <b>Aid</b>
			☐ Remove ?> ☐ O
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			Remove
			Change

or removed from our records:

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5	ġA.
E. Effective date, if other than the date of filing:	7 (3)(b) is the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o (b) The 90th day after the record is filed.	f:
Dated March, 1st , 2016. Chatin La Bossei	
Christin La Bossei	
Signature of a member of authorized representative of a member	
Christine La Bossiere	

Page 3 of 3

Filing Fee: \$25.00