

From: M. Faehner, Esq. LLCFax: (727) 474-9849

11/14/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : M. FAEHNER, ESQ. LLC Account Number : I20170000081 : (727)443-5190 Fax Number : (727)474-9949 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUTO DEPOT GROUP, LLC

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ARTICLES OF AMENDMENT TO -ARTICLES OF ORGANIZATION OF

AUTO DEPOT GROUP, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	_
The Articles of Organization for this Limited Liability Company	y were filed on 02/19/2016 an	nd assigned
Florida document number L16000035459		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	offity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	7
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Enter new mailing address, if applicable:		ω m
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ame of the new
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	<u>:</u>	

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

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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
MGR	LABOSSIERE, JASON	1511 SATSUMA ST	Add
		CLEARWATER, FL 33756	⊒ Remove
			Change
MGR	MACROMINT TRUST	5501 54TH AVE N	
		ST, PETE, FL 33709	П Remove
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record specifies a delayed effective date, but not he 90th day after the record is filed.	t an effective	time, at 12:01	a.m. on the	earlle
ed November 14 2017				
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Must -	7			
Signature of a nember of autho	rized representativ	e of a member		

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Filing Fee: \$25.00