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

- 11 : M. FAEHNER, ESQ. LLC

Account Number : I20170000081

Phone

: (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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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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Auto Depot Group, LLC	<u>Q</u>	
(Name of the Limited Liability (A Florida	y Company as it new appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on February 19, 2016	and assigned
Florida document number L16000035459		
This amendment is submitted to amend the following:	H,	
A. If amending name, enter the new name of the limit	ted lighility company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		
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(Principal office address MUST BE A STREET ADDR.	<u> </u>	S = 1
Enter new mailing address, if applicable:	·	
(Muiling address MAY BE A POST OFFICE BOX)	:	5
	s met in the second of	3*
		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		enter the name of the ne
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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

Page 1 of 3

Sangara S

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

Title	Name	Address	Type of Action
MGR	Macromint Trust	5501 54th Ave N	
		St. Pete FL 33709	■ Remove
			Change
MGR	Brian Berry	5501 54th Ave N	■ Add
		St. Pete FL 337.99	□ Remove
		3)	☐ Change
			Add
			□ Remove
			Change
			D Add
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Filing Fee: \$25.09