## Division of Corporations Electronic Filing Cover Sheet

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|           | Division of Co   | porations  | > ≥        |
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| From:     |                  |  | <u> </u>   |
|           | Account Name     | : LAZARUS CORPORATE FILING SERVICE, INC.           | SSAI N     |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUTO SOLUTIONS LLC

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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|  | Or                                      |   |                         |             |          |                                    |
|--|---|---|-------------------------|-------------|----------|------------------------------------|
| _ AUTO Sol   | UNONS                                   | LLC   |                         |             |          |                                    |
| (Name of the Limited I   | iability Company<br>Florida Limited Lie | y ar it now appears on o<br>bility Company) | ur records.)            |             |          |                                    |
| The Articles of Organization for this Limited Liabi Florida document number                  | lity Company w                          | were filed on $\frac{3/t}{t}$               | 0/2016                  | and         | 1 assign | r <b>eq</b>                        |
| This amendment is submitted to amend the following   | ng;                                     |   |                         |             |          |                                    |
| A. If amending name, enter the new name of the   |   |   |                         |             |          | •,                                 |
| The new name must be distinguishable and contain the words                                   | "Limited Liability                      | y Company," the designa                     | tion "LLC" or the s     | bbreviution | o 'I.I.C | 7 <b>1</b> 1                       |
| Enter new principal offices address, if applicable   | e:                                      | 0/9   |                         |             |          |                                    |
| (Principal office address MUST BE A STREET A   | (DDRESS)                                |   |                         | P0.         | <u> </u> | ~                                  |
|  |   |   |                         | <u>고</u>    | 토        |                                    |
| Enter new mailing address, if applicable:  |   | N/A   |                         | ASSET.      | -9 AH    | Breachers<br>in<br>in<br>interests |
| (Mailing address MAY BE A POST OFFICE BO   | <u>X)</u>                               |   |                         | - P-5-      |          | Land 1                             |
| B. If amending the registered agent and/or registered agent and/or the new registered office | address here:                           |   |                         |             | •        |                                    |
| Name of New Registered Agent:  | ERNES                                   | TO URDA.                                    | NETA                    | ····        |          |                                    |
| New Registered Office Address:   | 2766                                    | BRIDGE (                                    | POURT                   |             |          | ·                                  |
| ·<br>_   | 15155                                   | BRIDGE ( Enter Florida str  IMMEE Ctoy      | en address<br>, Florida | 3479        | 44       |                                    |
|  |   | City  |                         | Zip C       | ode      |                                    |

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.

Ernero Wano Ta
U Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

AMBR = Authorized Member

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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:

| Title | Name               | Address                                   | Type of Action         |
|-------|--------------------|---|------------------------|
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| ending any other information, enter change(s) here: (Attach additional Additi | 4-11 D 4                                  |
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| ective date is listed, the data must be specific and cambot be prior to date of ming of n<br>If the date inserted in this block does not meet the applicable statutory film  | g requirements, this date will not be lis |
| ent's effective date on the Department of State's records.   |   |
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| ford specifies a delayed effective date, but not an effective  | time, at 12:01 a.m. on the earl           |
| 90th day after the record is filed.  |   |
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|  | or a distanct                             |
| Ernosto Umhneta  Signature of a member or authorized representative  ERNESTO ULDANETA  Typed or printed name of signee   |   |

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Filing Fee: \$25.00