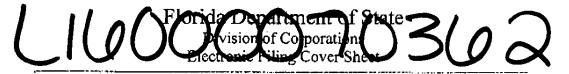
Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160001194903)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 : (215)563-8113

: (215)977-9386 Fax Number

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 AUTOVALUATION ANALYTICS, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li	ability Compa	Analytics, LLC	N'S IN OR OUT I	ecords.)			
(A FI	orida Limited I	iability Comput	ту)	<u></u> ,			
The Articles of Organization for this Limited Liabili	ty Company	were filed on	April 11, 20	16		and as	signed
Florida document number L16000070362	 ·						
This amendment is submitted to amend the following	g:						
A. If amending name, enter the new name of the	limited liabi	ility company	here:				
WreckCheck, LLC							
The new name must be distinguishable and contain the words	Limited Liabil	ity Company." tl	ne designation	"LLC" or th	ıc abbrevi	ation "L	L.C."
Enter new principal offices address, if applicable:	!						
(Principal office address MUST BE A STREET AL					3 <u>2 < C</u>	36	
			-		>2	le.	* *E=
					7		Tr stars
					<u> ۲</u>	ယ	card as
Enter new mailing address, if applicable:						 	, 7 2 E
Mailing address MAY BE A POST OFFICE BOX	2				<u>~··</u>		Towns of the same
				-	98 E		
				_	<u>}</u> .	ب	
B. If amending the registered agent and/or re registered agent and/or the new registered office s			on our rec	ords, <u>en</u>	ter the	name	of the nev
registered agent and/or the new registered orner	udicas neit	'					
Name of New Registered Agent:							
New Registered Office Address:							
		Enter i	Florida street a	ddress			
				_, Florida	-		
· ·		City			7.	ip Code	
New Registered Agent's Signature, if changing Regist	ered 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

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> Name

Title	Name	Address	Type of Action
			Add
			Remove
			Change
			Add
•		,	C Remove
			Change
			Add
			Remove
			Change
			□ Add
		200 200 200 200 200 200	Remove
		FLORIDA	Remove 7
			Add
			_□ Remove
•			□ Change

•	 	 <u>-</u> -	
ffective date, if of an effective date is lis	 	 	

Filing Fee: \$25.00