Division of Corporations **Electronic Filing Cover Sheet**

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(((H18000191798 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

T'm nil	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUTO GOLD LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383 From: 12143052508 Date: 06/28/18 Time: 11:11 AM Page: 02/04

(((H180001917983)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		itv	2ip Code
	DORAL	, Flori	da <u>33178</u>
New Registered Office Address:	7,1402 1117 4131 31	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	11402 NW 41ST ST	SUITE 211-566	
Name of New Registered Agent:	JENNY GAMEZ	<u></u>	
			<u>.</u> r.
B. If amending the registered agent and registered agent and/or the new registered of		ddress on our records, g	enter the name of the ne
		,	
		·	
Mailing address MAY BE A POST OFFICE	<u>ΒΟλ')</u>		-
Enter new mailing address, if applicable:			
			<u> </u>
Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new principal offices address, if applic	cable:		<u> </u>
he new name must be distinguishable and contain the v	vords "Limited Liability Com	npany," the designation "LLC" or	the abbreviation "Lalac."
A. If amending name, enter the new name o	f the limited liability co	ompany here:	
his amendment is submitted to amend the following	owing:		
	·		
Torida document number L16000105911	numer Company word:	7100 011	una usorgnou
he Articles of Organization for this Limited L	iahility Company were t	iled on 05/31/2016	and assigned
((A Florida Limited Limbility	now appears on our records.) Company)	

New Registered Agent's Signuture, 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.

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To: 18506176383 From: 12143052508 Date: 06/28/18 Time: 11:11 AM Page: 03/04

(((H180001917983)))

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	FELIX E MEJIA	11402 NW 41ST ST 211 -566	□ Add
	•	DORAL FL 33178	■ Remove
			☐ Change
MGR	JENNY L GAMEZ	11402 NW 41ST ST 211 -566	∃ Add
		DORAL FL 33178	☐ Remove
			Change
purity that a se described			bbA □
			□ Remove
			☐ Change
			□ ∧dd
			□ Remove
			☐ Change
		·	D Add
	·		□ Remove
	·		☐ Change
			D Remove
			☐ Change

	To:	18506176383	From:	12143052	508 Dat	e: 06/28/18	Time:	11:11 A		(04 (000191798 3))
D. If a	mendi	ing any other int	ormation	n, enter cha	nge(s) here:	(Attach additi	ional shee	ets, if neces	sary.)	
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(lf au No	offecti te: If t	date, if other the we date is listed, the c the date inserted in 's effective date or	late must be this block	ite of filing: specific and ca does not me	annot be prior to et the applica	o date of filing or i	ng require	ments, this	iling.) Pursuant to	605.0207 (3)(b) listed as the
		d specifies a de Oth day after th			te, but not	an effective	time, at	: 12:01 a.	.m. on the ea	arlier of:
Dat	ed	/28/2018		· · · · · · · · · · · · · · · · · · ·		_·				
			<u>.</u>	lem	ela	mez				_
		JENNY GAMEZ	Si _i	gnature of fa me	ember or futho	rized representativ	e of a men	ioer		
				1	Typed or printe	d name of signee				-

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