# LICCOICO 984

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TILED 2018 FEC 27 P 1: 35 SECRETARY OF STATE

S Warren
DEC 2 8 2016

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SHAREEF A. LODHI
WL Auto Group, LLC.
11161 E. SR70#117
LAKEWOOD LANCH, FC 34202.  City/State and Zip Code  Which a GM4L. Com.  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHARTEF LODH at 9H, Den - 2886 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

11 L AUTO GROVID.	LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number LLL 0001069	were filed on <u>00/02/2016</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	The state of the s
(Principal office address MUST BE A STREET ADDRESS)	😘
Enter new mailing address, if applicable:	THE PER 2
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street uddress
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
Thereby accept the appointment as registered agent and agree	
i nevery accept the appointment as registered agent and agre	ee to act in this capacity. I juriner agree to comply with the

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

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 = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00