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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO TORROSSOS				
ACCOUNT NO. : 12000000195				
REFERENCE : 504240 8103619				
AUTHORIZATION (CONTROL OF CONTROL				
COST LIMIT \$ 25.00				
ORDER DATE : February 9, 2017				
ORDER TIME : 9:51 AM				
ORDER NO. : 504240-010				
CUSTOMER NO: 8103619				
DOMESTIC AMENDMENT FILING				
NAME: MAX TORQUE AUTO GROUP LLC				
EFFECTIVE DATE:				
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING				

EXAMINER'S INITIALS:

CONTACT PERSON: Melissa Zender -- EXT# 62956

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Max Torque Auto Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{07/15/2016}{1}$ and assigned Florida document number <u>L1</u>6000133918 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 334 East Myers Blvd. Enter new principal offices address, if applicable: Mascotte, FL 34753 (Principal office address MUST BE A STREET ADDRESS) 334 East Myers Blvd. Enter new mailing address, if applicable: Mascotte, FL 34753 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

## 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
AMBR	FRANKIE MITLO	334 East Myers Blvd.	Add
		Mascotte, FL 34753	■ Remove
			Change
AMBR	TONY MITLO	334 East Myers Blvd.	Add
		Mascotte, FL 34753	□ Remove
			☐ Change
AMBR	ANGELO MITLO	334 East Myers Blvd.	
		Mascotte, FL 34753	Remove
			<b>⊞</b> Change
			Add
			□ Remove
			Change
			Add
			Remove
			Remove

D. If amending any other information, enter change(s) here: (Attach addition	nal sheets, if necessary.)
Test at least is about the state of Slines.	(ontional)
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State)	more than 90 days after
Dated FEBRUARY 09 2017	
A Stall	
Signature of a member or authorized representative of	of a member
ANGELO MITLO	
Typed or printed name of signee	

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Filing Fee: \$25.00

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