## 116000137958

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DIVISION OF CORPORATIONS

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## **COVER LETTER**

Division of Co	orporations		
Autofair, I	LLC.		
SUBJECT.	Name of Lin	nited Liability Company	
	•		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Felipe Galvis Hung		
		Name of Person	
	Autofair, LLC		
		Firm/Company	<del></del>
	120 Arthur Ave.		•
	<del></del>	Address	
	Cocoa Beach, Fl 32931		
		City/State and Zip Code	<del> </del>
	felipegh@gmail.com		
	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please co	all:	
Felipe Galvis Hung		321	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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

any as it now appears on our records.) Liability Company)		
y were filed on July 22, 2016 and assigned		
pility company here:		
ility Company," the designation "LLC" or the abbreviation "L.L.C."		
1975 Aurora Rd.		
Melbourne, Fl 32935		
120 Arthur Ave.		
Cocoa Beach, Fl 32931		
Cocoa Beach, 11 32731		
Enter Florida street address  , Florida  City  C		
9 7		
Enter Florida street address , Florida		
City Zlp Corte		
048		
ree to act in this capacity. I further agree to comply with		

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	María del Mar Cardinal	1975 Aurora Rd., Melbourne, Fl	<b>∃</b> Add
		32935	□ Remove
			☐ Change
			Add
		·	□ Remove
			Change
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			□ Change
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blockument's effective date on the De	be specific and cannot be prior ck does not meet the applica	to date of filing or more than 90 able statutory filing requirem	ents, this date will not be listed
record specifies a delayed The 90th day after the reco		an effective time, at	12:01 a.m. on the earlier
ted	2016		
नहीं त	e Galus b	lud	
\$	Signature of a member or author	fized representative of a member	त्र

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Filing Fee: \$25.00