## 116000159971

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200317414552

08/23/18--01004--014 \*\*25.00

18 AUG 23 PM 3: 30

N COOPEP AUG 2 7 2018

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	EaB Automoti	No. 11t	
SUBJECT:		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	Ben Bed	Man Mane of Person	
	BOB Automa		
	16970 San C	aclos blud. Se 11	20 - 237
		FL 33908 City/State and Zip Code	
	Occing Occi	Dunting Dovadio be used for future annual report notific	SCG. COM
For further information	concerning this matter, please cal	i:	
JHGJHGJKHGKKK Name	Ben Beckmann	at (239) 908 - Area Code Daytime	4581 Telephone Number
		, , , , , , , , , , , , , , , , , , ,	•
Enclosed is a check for	the following amount:		
<b>№</b> \$25.00 Filing Fec	☐ \$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:

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

notive	
iability Company as it now appears on our records.) lorida Limited Liability Company)	
ity Company were filed on	and assigned
<u></u> .	
ng:	
e limited liability company here:	
"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
::	= 9
DDRESS)	SEC 71510
	<u> </u>
	<b>ຜ</b> S⊀c
<u> </u>	<b>3</b> 30 30 30 30 30 30 30 30 30 30 30 30 30
<u> </u>	<u>မှ ကို မြှုံ</u>
	<u> </u>
registered office address on our records, <u>e</u> address here:	nter the name of the no
Enter Florida street address	
, Floric	ia
	registered office address on our records, eaddress here:  Enter Florida street address  Florida for the designation "LLC" or the designation "LLC"

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

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
MUR	Katrina Salokar	2805 18th St. W	
		2805 18th St. W Lehigh Azres 33971	<b>⊠</b> Remove
			Change
<del></del>			Add
			Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
		-	🗆 Add
			Remove
			Change
			🗆 Add
			Remove
			Change

	·
	<b>.</b>
	-
	-
	-
	-
	-
	-
	_
	2
—————————————————————————————————————	VISIC VISIC
2	주도 구유
<u>ω</u> Ρ	COR
<del>ှိနို</del> သ	- X X O C
	_ <u>=</u> _

Page 3 of 3

Filing Fee: \$25.00