



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000259791 3)))



H170002597913ABCE

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6393

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

FILED  
17 OCT -3 AM 6:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AUTOMOTIVE CONNECTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
2017 OCT -3 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
OCT 4 2017

**ARTICLES OF ADMENDMENT**  
**FOR**  
**ARTICLES OF ORGANIZATION**  
**OF**  
**AUTOMOTIVE CONNECTIONS, LLC**

(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on November 8<sup>th</sup>, 2016, and assigned document number L16000205488.

This amendment is submitted to amend the following:

A. Change the street address of the principal office of Limited Liability Company:

7300 Lake Circle Drive #102  
Margate, FL 33063

B. Change the mailing address of the Limited Liability Company:

7300 Lake Circle Drive #102  
Margate, FL 33063

C. Change name and Florida Street address of the registered agent:

Diego David Gonzalez  
7300 Lake Circle Drive #102  
Margate, FL 33063

D. Change name and address of person(s) authorized to manage LLC:

MGRM:  
Diego David Gonzalez  
7300 Lake Circle Drive #102  
Margate, FL 33063

Having been named as registered agent and to accept service of process at for the above stated corporation at the place designated in these Articles of Incorporation, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Registered agents Signature (REQUIRED)

FILED  
OCT - 3 AM 6:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated: October 2nd, 2017.



Signature of a member or authorized representative of a member

STUART BLUM

Type or printed name of signee

FILED  
OCT - 3 AM 6:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA