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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: AUT	D MATE MOT Name of Lim	OZ CARS LL ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	RVSSELL	CORDERO Name of Person	, ,,,	
	AUTO MATE	MOTOR CAP	<u></u> S	
	333 FR	ANKLIN ST Address		
	OCCEE	, , , , , , , , , , , , , , , , , , , ,	o.com	1. j a
	E-mail address: (to be used for future annual report notif	ication)	٠.
For further information e	oncerning this matter, please co	ıll:	i l	· . < ?
RUSSELL Name of	COPDERO f Person	at (401) 595 Area Code Daytime	Telephone Number	SE STATE
Enclosed is a check for the	he following amount:			S.
\$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:

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, F4, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTO MATE M (Name of the Limited Liab) (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L170002</u>	Company were filed or $01-31-17$ and assigned $+231$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	179
(Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code

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 **Address** Type of Action <u>Title</u> <u>Name</u> MGR EGLON BROWN 1301 WESTMEATH CT APCPKA FL 32703 □ Kemove _□ Change □ Add _□ Remove _□ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove

□ Change

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<u>Note:</u>	ive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	UAN 1, 2019
	Pursell Condett Signature of a member or authorized representative of a member
	PUSSELL CORDERO Typed or printed name of signee

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Filing Fee: \$25.00