17000026992

(Re	questor's Name)	_
(Add	dress)	<u> </u>
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	:
·		

Office Use Only



200298527692

05/04/17--01019--002 **30.00

ZOIL MAY - 1 PM IZ: 08

J. HARRIS

COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	AAAUTO	LLC		
SUBJECT.		Name of Lim	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		ANGIE GIMENEZ		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
			Firm/Company	
108 W PIGEON PLUM DRIVE APT 201				
			Address	
		JUPITER, FL 33458		
			City/State and Zip Code	
		GIMENEZA2011@GMAII		
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
ANGIE GIN	MENEZ		954 865-7784 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 I	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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AAAUTOLLC		
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited I Florida document number L17000026992		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compa	nny here:
The new name must be distinguishable and contain the	words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and	/or registered office addre	ess on our records, enter the name of the ne
Name of New Registered Agent:	ANGIE GIMENEZ	
New Registered Office Address:	108 W PIGEON PLUM DR	APT 201
	En	ter Florida street address
	JUPITER	, Florida ³³⁴⁵⁸
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KEITH BENSON	13762 STATE ROAD 84, STE 85,	
		DAVIE, FL 33325	■ Remove
			☐ Change
MGR	ANGIE GIMENEZ	108 W PIGEON PLUM DR,	■ Add
		APT 201	□ Remove
		JUPITER, FL 33458	Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
			A Comment of the comm
			Change Add
			Change

<u></u>		 					
							
					. <u>.</u>	<u></u> .	
· · · · ·					· · · · · · · · · · · · · · · · · · ·	·	
					<u></u>		
				-			
 .						 	
ote: If the o	te, if other than the d late is listed, the date must l date inserted in this blood ffective date on the Dep	ck does not meet th	ie applicable stati	filing or more than 90 atory filing requires	(optional) days after filing.) Punents, this date wil	rsuant to 605.03 I not be listed	207 (: as t
	specifies a delayed day after the reco		but not an eff	ective time, at	12:01 a.m. on	the earlier	of:
ted MAY	2		7				
	s	Eignature of a membe	y Himmer or authorized rep	resentative of a memi	oer	—————————————————————————————————————	95:
Aì	NGIE GIMENEZ		·		·".	LANA	7 11 1
		Турес	or printed name o	fsignce		SE SE	-
			Page 3 of 3		•	OF STATE FLORIDA) }