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COVER LETTER

TO:	Registration S Division of Co			
SUBJE		utomotive LLC		
00001		Name of Lin	nited Liability Company	
The en-	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Adence concerning this matter to the following: Christina Pettys Name of Person Pettys Tax & Accounting Inc Firm/Company 8406 Panama City Beach pkwy Ste G Address Panama City Beach, FL 32407 City/State and Zip Code pettystax@gmail.com E-mail address: (to be used for future annual report notification) necerning this matter, please call: 230-6291 Area Code Daytime Telephone Number		
			Name of Person	0
		ے Pe	ettys Tax & Accounting Inc	
			Firm/Company	
		8406	Panama City Beach pkwy S	te G
			Address	
			Panama City Beach, FL 324	07
			pettystax@gmail.com	
		E-mail address: (to be used for future annual repo	ort notification)
For furt	her information o	concerning this matter, please co	all:	
Christin	na Pettys			91
	Name o	f Person	Area Code I	Daytime Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$ 25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

FILED

Bobs Autom		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears ted Liability Company)	on our rekonds.)(AY 10 A 1: 36
The Articles of Organization for this Limited Liability Compa	any were filed on 02/1	3/2017 FALL ATLASSEL, and assigned
Florida document number L17000035047		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited L	iability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		
٤		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter the name of the n
egistered agent and or the new registered white address	incre.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da street address

	Cin	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	•
hereby accept the appointment as registered agent and t		anacity. I further garee to comply with t
provisions of all statutes relative to the proper and compl		

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	Robert Patterson	226 Hardway Lane Santa Rosa Beach, FL 32459	■ Add
			Remove
			Change
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f an effe <u>Note:</u> I	e date, if other than the date of filing:	
	rd specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier 0th day after the record is filed.	of
Dated _	May 4 . 2619	
	Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member	

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Filing Fee: \$25.00