

17000075221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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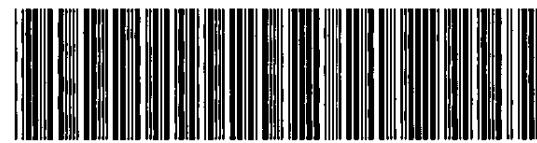
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

MAY - 8 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Autamax Sales and Leasing LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mitchell Loszynski

Name of Person

Autamax Sales and Leasing LLC

Firm/Company

19195 mystic Pointe dr. #2207

Address

Aventura FL 33180

City/State and Zip Code

l0rem1tchnew0 AOL.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell Loszynski

Name of Person

at 954  Area Code

822-3252 Daytime Telephone Number

Enclosed is a check for the following amount:

\$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, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Autamax Sales and Leasing LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/3/2017 and assigned Florida document number L17000075221.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address 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

FILED  
FAY-5  
TAMPA  
FLORIDA  
JULY 14 2017  
CLERK OF THE  
CIRCUIT COURT  
PINELLAS COUNTY

**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>	<u>Type of Action</u>
P	<u>Devin Liladrie</u>	<u>19195 mystic Pointe Drive</u> <u>#2207</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	<u>mitchell loszynski</u>	<u>19195 mystic Pointe Drive</u> <u>#2207</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
S	<u>Nira loszynski</u>	<u>19195 mystic Pointe Drive</u> <u>#2207</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	<u>Devin Liladrie</u>	<u>19195 mystic Pointe Drive</u> <u>#2207</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	<u>mitchell loszynski</u>	<u>19195 mystic Pointe Drive</u> <u>#2207</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	<u>Nira loszynski</u>	<u>19195 mystic Pointe Drive</u> <u>#2207</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

E. Effective date, if other than the date of filing: 5/1/17 (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 5/1, 2017

Signature of a member or authorized representative of a member

Typed or printed name of sister

Page 3 of 3

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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