

L17000075221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

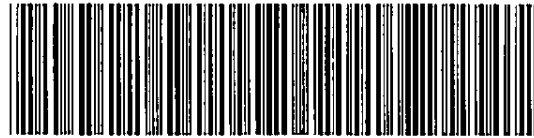
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 31 P 12:23  
TALLAHASSEE, FLORIDA

D SCOTT

NOV 2 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2017

MITCHELL LOSZYNSKI  
19195 MYSTIC POINTE DR #2207  
AVENTURA, FL 33180

SUBJECT: AUTOMAX SALES AND LEASING LLC  
Ref. Number: L17000075221

We have received your document for AUTOMAX SALES AND LEASING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 317A00021072

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2017 OCT 31 PM 12:23

2017 OCT 31 PM 12:23  
AUTOMAX SALES AND LEASING LLC

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AUDMAX SALES AND LEASING LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MITCHELL LOSZYNSKI  
Name of Person  
AUDMAX SALES AND LEASING LLC  
Firm/Company  
19195 MYSTIC POINTE DR. #2207  
Address  
AVENTURA, FL 33180  
City/State and Zip Code  
loremitchello@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MITCHELL LOSZYNSKI at ( 954 ) 822-3252  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

TALLAHASSEE, FLORIDA

2017 OCT 31 PM 12:23

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AUTOMAX 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 April 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

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>
MGR	NIRA LOSZYNSKI	19195 mystic Pointe dr	<input type="checkbox"/> Add
		# 2207	<input checked="" type="checkbox"/> Remove
		AVENTURA FL. 33180	<input type="checkbox"/> Change
MGR	DEVIN LILADZIE	19195 mystic Pointe dr	<input type="checkbox"/> Add
		# 2207	<input checked="" type="checkbox"/> Remove
		AVENTURA FL 33180	<input type="checkbox"/> Change
MGR	DJVL Management Inc	9425 SW 72nd St.	<input checked="" type="checkbox"/> Add
	ID 81-1357233	# 233	<input type="checkbox"/> Remove
		MIAMI FL. 33173	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
OCT 3 2013  
FALL HARBOR, FLORIDA

237 OCT 31  
RECEIVED  
FALLAHASSI

FILED  
OCT 31 1962  
FALL HAVEN, W. VA.  
(National)

Dated OCTOBER 27<sup>TH</sup> 2017

Mittell Wozyski  
Typed or printed name of signer