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O SIMMONS MAY 1 1 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RL Auto Enterprises 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:
Raul Latelman. Name of Person
Re Rufe Enterprises, lec.
13811 US. Huy 27
clermont R1. 34715.
Causavs 8474 D yahoo. Com
City/State and Zip Code Carray 3474 a 74 hoo. Corr E-mail address: (to be used for future annual report notification) Cars Cars 3474 a 44 hoo. Corr For further information concerning this matter, please call:
Rau Latelman at (347) 685-9762. Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 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

Dr A. L. Toloravia	0 (11 -	The same
Name of the Limited Liability Company (A Florida Limited Lia	as it now annears on our records	
(A Florida Limited Lia	bility Company)	- E
(Name of the Limited Liability Company (A Florida Limited Liability Company w Florida document number	ere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Raul Catchma 18911 U.S. Hu Clermont Fl-37;	.N·
	Clermont Al-31;	715,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent: Pau	L Catchman	
New Registered Office Address: (38)	Latchman US. Ity 27 Enter Florida street address	
	Mont, Florida	
	City	Zin 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Rau Latchi	nan 18811 US HuyI	} □ Add
		nan 18811 US Hugz Clermont 41.34	715. Remove
			El Ch ange
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			Remove
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(If an effective Note: If the	date is listed, the date inserted i	han the date o date must be spec n this block doe on the Departme	ific and car s not mee	not be prior t the applic	able statute	ling or more t	han 90 days	optional) after filing.) , this date v	Pursuant to vill not be l	605.0207 (listed as t
		lelayed effec he record is					e, at 12:0)1 a.m. d	n the ea	rlier of:
Dated	May	the record is ### Ma Signature	,	2017	- · •					
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_		Signatur	re of a men	nber of author	orized renres	sentative of a	member			

Page 3 of 3

Filing Fee: \$25.00