## 117000143863

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SECETARY OF STATE
ALLAHASSEE FLORIDA

18/2/17

## **COVER LETTER**

Division of Co	rporations		
Prominent SUBJECT:	Auto Group, LLC		
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diana Arcila		
		Name of Person	
	Prominent Auto Group		
		Firm/Company	<del></del>
	2417 Ruddenstone Way		
		Address	
	Kissimmee,Fl 34744		
		City/State and Zip Code	
	dimarcila@gmail.com		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Diana Arcila		407 6683574 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fec	☐ \$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:

TO:

Registration Section

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

Prominent Auto Group,LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record: Liability Company)	<b>(4)</b>
The Articles of Organization for this Limited Liability Company	were filed on 07/05/2017	and assigned
Florida document number L17000143863		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the appreciation "L.L.C."
Enter new principal offices address, if applicable:		三
Principal office address MUST BE A STREET ADDRESS)		SSEE TO PL
inter new mailing address, if applicable:		1: 28 LORIDA
Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records	, enter the name of the
N ON B :		
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida street address	<del>.</del>
		rida
	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	Diana Arcila	2417 Ruddenstone Way Kissimmet	<del>=</del> ∧dd
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			Change
			D Add
			П Remove
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ctive date, if other t	an the date of filing:	(opti	onal)
effective date is listed, the	date must be specific and cannot be prior to date of fil in this block does not meet the applicable statute	ling or more than 90 days after	filing.) Pursuant to 605 020
ument's effective date	in the Department of State's records.	my ming requirements, unit	date will not be listed a
record specifies a c ne 90th day after t	elayed effective date, but not an effective he record is filed	ctive time, at 12:01 a	ı.m. on the earlier o
ne sour day arter t	ic record is fined.		
ed			
-	12.11		
	// While		
	Signature of a member or authorized repres		

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Filing Fee: \$25.00