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(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:	Registration Sec Division of Cor			
~	r.cor	AUTO WORLD S&O LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	<del></del>
The er	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Oda	lys Martinez Hernandez	
			Name of Person	
			Firm/Company	
		5	085 NW 7th ST APT 607	
		·	Address	
			MIAMI, FL 33126	
			City/State and Zip Code	
			orldso14@gmail.com to be used for future annual report notifi	iudian)
For fu	rther information co	oncerning this matter, please cr	·	(Calkin)
Oda	lys Martinez Herr	nandez	786 3289157	
	Name o	l Person	at () Area Code Daytime	Telephone Number
Enclo:	sed is a check for th	ne following amount:		
■ Si	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ So0,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

AUTO WORLD S&O L	LC	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on July 14, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applicable:	2695 NW 141th ST	
(Principal office address MUST BE A STREET ADDRESS)	OPALOCKA, FL 33054	5)V <sub>S</sub>
		·
Enter new mailing address, if applicable:		12 12 12 12 12 12 12 12 12 12 12 12 12 1
(Mailing address MAY BE A POST OFFICE BOX)		<b>5</b>
		<u>2</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the nev
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
<del> </del>	, Florida	Zip Code
	. 147	say com

## 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 femoved from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
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