## L17000167026

(Red	questor's Name)	
(Add	dress)	
Ado(Ado	dress)	
(City	//State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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08/10/17-0006-019 \*\*25.00



D. SCOTT AUG 1 1 2017

## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Cor	rporations			
	PERT USA LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	SANDRA LEON			
		Name of Person		
		Firm/Company		
	2229 W HOGAN HOLLO	W RD.		
		Address		:
	MARGATE FL. 33063			·
		City/State and Zip Code		: . · · · · · · · · · · · · · · · · · ·
	SANDRALEONW@YAHO	OO.COM to be used for future annual report notitic	<del></del>	
For further information of	concerning this matter, please c		.ackii) j	
SANDRA LEON		561 4207190		
Name (	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 Filin Certificate Certified Co (additional co	of Status &
Regist	JNG ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora		

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTO EXPERT OSA LLC			
(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	is it now appears on our records lity Company)	<u>s.</u> )
•	Liability Company wer	re filed on 08/04/2017	and assigned
orida document number	··		
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited liability	company here:	
new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation "LLC	" or the abbreviation "L.L.C."
ter new principal offices address, if appli	cable:		
• • •			
	(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  Organization for this Limited Liability Company were filed on 08/04/2017 and assigned in number 1.17000167026  It is submitted to amend the following:  It name, enter the new name of the limited liability company here:  It be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation or the ab		
ter new mailing address, if applicable:			
ailing address MAY BE A POST OFFICE	<u> </u>		
	_	,	
			(D)
	• • •	e address on our records	, enter the name of the n
istered agent and/or the new registered of	ornee address here:		· 1
Name of New Registered Agent:	Same		1- 1-
New Registered Office Address:	7359 SW 105 PL		
		Enter Florida street address	s ·
	MIAMI	. Fle	orida <sup>33173</sup>
		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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SANDRA LEON	7359 SW 105 PL MIAMI FL 3317.	Add
			■ Remove
			☐ Change
MGR	HERNAN LEON	7359 SW 105 PL MIAMI FL 3317.	■ Add
			Remove
			□ Change
			□ Remove
			Change
			Remove
			☐ Change
			☐ Remove
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e: If the date ins	ther than the date of sted, the date must be spe- serted in this block doc e date on the Departme	es not meet the appl	licable statutory fil	(opti more than 90 days afte ing requirements, thi	i <b>onal)</b> r filing.) Pursuam to 60 is date will not be lis	05.020 sted a
	es a delayed effect after the record is		not an effective	time, at 12:01	a.m. on the earl	lier
AUGUST 7T	н	2017	<u>.</u>			

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Filing Fee: \$25.00