## 117000197645

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## COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	OUTO AUTO Name of Limi	CONTEL LLC	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	N160645	PAUL, NO O	
		Firm/Company	
	PD Cox /0	06/6 Address	
			32/20-06/6
	PAU 77036 E-mail address: (1)	5 4 6 YA //co · ( O A	etion)
For further information co	oncerning this matter, please ca	н:	
Mame o	Person	at (73.) SC/- 70 Area Code Daytime T	elephone Number
Enclosed is a check for th	ne 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 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

D'PAULINO AUTO COM (Name of the Limited Liability Comp (A Florida Limited	Dany as it now appears on our records.)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17 000 / 9 764</u> 5	y were filed on $9/25/30/7$ and assign	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	= = = = = = = = = = = = = = = = = = = =	<del> </del>
	<u></u>	
Enter new mailing address, if applicable:	F.O BOX 10616 - 8	) )
(Mailing address MAY BE A POST OFFICE BOX)	DATTONA GIZCH FC =	<u>, m</u>
	37170-06/6	, <b>O</b>
		द्रा ट.
B. If amending the registered agent and/or registered of	office address on our records, <u>enter the name o</u>	f the new
registered agent and/or the new registered office address her	<u>re</u> :	
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>	Name	Address	Type of Action
AR	MICOLAS & PAULIPO JR	420 N. Frederick Al	
		DAYTONA BEZIH, FL 321	<u>14</u> ₽Remove
		<del></del>	Change
AR	Jean-Plette LABrousse	541 ARTHY AU	🖸 Add
	1A880055E.	DASTOPA BORCH, F/ 32A	14 Remove
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<u>ote:</u> If	e date, if other than the date of filing:	Pursuant t vill not b	to 605.020 e listed as
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. o 0th day after the record is filed.	n the e	earlier o
	10/70 .2017		
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Page 3 of 3

Filing Fee: \$25.00