

L17000 206652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

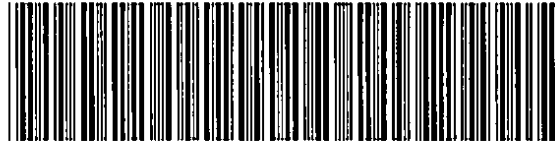
(Business Entity Name)

(Document Number)

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2019 MAR 11 AM 9:18  
FBI - ALBANY

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Klanuech

MAR 12 2019

I ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ANDY INSTRUMENTS L.L.C.

\_\_\_\_\_  
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:

CLEOUS HAMILTON

\_\_\_\_\_  
Name of Person

AUTO SOURCE PROS LLC.

\_\_\_\_\_  
Firm/Company

7548 W McNAB RD. UNIT A26-27

\_\_\_\_\_  
Address

N. LAUDERDALE, FL. 33068

\_\_\_\_\_  
City/State and Zip Code

info@autosourcepros.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLEOUS HAMILTON

954 864-7857  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2019

CLEOUS HAMILTON  
7548 W MCNAB RD  
UNIT A-26-27  
N. LAUDERDALE, FL 33068

SUBJECT: ANDY INSTRUMENTS L.L.C  
Ref. Number: L17000206652

We have received your document for ANDY INSTRUMENTS L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type/print the name of the signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 219A00003883

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ANDY INSTRUMENTS L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2019 MAR 11 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/05/2017 and assigned  
Florida document number L17000206652.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

AUTO SOURCE PROS LLC.

The new name must be distinguishable and contain the words "Limited Liability 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)**

7548 W. McNAB RD.

UNIT A26-27

N. LAUDERDALE, FL. 33068

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7548 McNAB RD.

UNIT A26-27

N. LAUDERDALE, FL. 33068

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CLEOUS HAMILTON

New Registered Office Address:

7548 McNAB RD. UNIT A26-27

*Enter Florida street address*

N. LAUDERDALE

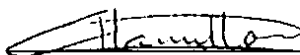
*City*

Florida 33068

*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>   | <u>Type of Action</u>                      |
|--------------|-----------------------|--|--|
| MGR          | CLEOUS HAMILTON       | 7548 McNAB RD. UNIT A26-27<br>N. LAUDERDALE, FL. 33068 | <input checked="" type="checkbox"/> Add    |
|              |                       |  | <input type="checkbox"/> Remove            |
|              |                       |  | <input type="checkbox"/> Change            |
| AMBR         | JAYSON HAMILTON       | 7548 McNAB RD. UNIT A26-27<br>N. LAUDERDALE, FL. 33068 | <input checked="" type="checkbox"/> Add    |
|              |                       |  | <input type="checkbox"/> Remove            |
|              |                       |  | <input type="checkbox"/> Change            |
| MGR          | ANDERSEN M. ALEXENDRE | 827 NW 49th AVE.<br>PLANTATION, FL.33317               | <input type="checkbox"/> Add               |
|              |                       |  | <input checked="" type="checkbox"/> Remove |
|              |                       |  | <input type="checkbox"/> Change            |
|              |                       |  | <input type="checkbox"/> Add               |
|              |                       |  | <input type="checkbox"/> Remove            |
|              |                       |  | <input type="checkbox"/> Change            |
|              |                       |  | <input type="checkbox"/> Add               |
|              |                       |  | <input type="checkbox"/> Remove            |
|              |                       |  | <input type="checkbox"/> Change            |
|              |                       |  | <input type="checkbox"/> Add               |
|              |                       |  | <input type="checkbox"/> Remove            |
|              |                       |  | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Add FEI # 82-2478094

E. Effective date, if other than the date of filing: 2/07/2019 (optional)

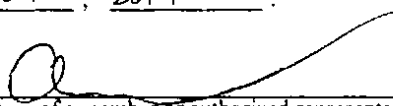
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

b) The 90th day after the record is filed.

Dated 02/07, 2019.

  
Signature of a member or authorized representative of a member

Andersen Alexandre  
Typed or printed name of signee