| (Requestor's Name)                      |
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| (Address)                               |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |  |   | -  |
|--|--|--|---|--|
| SUBJECT:                                 | Auto Consus                                  | ulting Team ted Liability Company  | LLC   |  |
|  | Amendment and fee(s) are sub-                |  |   |  |
| . teane retain an eomen, or              | Arych  | Name of Person   |   |  |
|  |  | Consulting T. Firm/Company   |   |  |
|  |  | olling Ave #1  |   | SECP<br>SEVENIE<br>19  |
|  | Sunny 1  Aryen-For                           | City/State and Zip Code  X PAOL Com to be used for fitture annual report notif | ication)  | SECRETARY OF SERVICES ASION OF CORPORACTION 19 JUL 29 AMIN: 39 |
| For further information co               | oncerning this matter, please co             |  |   | PHIL: 39   |
| Aryen                                    | Fox.  Person                                 | at ( <u>954</u> ) <u>242</u><br>Area Code Daytime                              | _9870<br>Telephone Number   | -<br>-   |
| Enclosed is a check for th               | e following amount:                          |  |   |  |
| □ \$25.00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)            | S60.00 Filing F<br>Certificate of S<br>Certified Copy<br>(additional copy i | Status &<br>/  |
|  | ING ADDRESS:                                 | STREET/COURI Registration Section Division of Corpor                           | 11  |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



April 6, 2019

ARYEH FOX FOX AUO CONSULTING TEAM, LLC 18201 COLLINS AVE., #4509 SUNNY ISLE BEACH, FL 33160

SUBJECT: FOX AUTO CONSULTING TEAM, LLC

Ref. Number: L17000244772

We have received your document for FOX AUTO CONSULTING TEAM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed a registered agent change form but it doesn't look like you are changing the registerd agent. If you are trying to change just the addresses of the people you have listed on the form you will need to complete the amendment form and return it back to me.

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.

Diane Cushing Senior Section Administrator

Letter Number: 019A00006937

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number L 17000244772 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 18201 Collins Ave # 400/A

Enter Florida street address

Sunny Isle Beath, Florida 33160

City 7in Code New Registered Office Address:

## 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 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>   | Address   | Type of Action |
|--------------|---------------|---|----------------|
| Manago       | Ekaterina Fox | 18201 Collins Ave #4509                             |                |
|              |               | 18201 Collins Ave #4509<br>Sunny Isle Beach H 33160 | Remove         |
|              |               | ·   | Change         |
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| lf an efi<br><u>Note:</u> | ive date, if other than the date of filing: 3/01/2019 (optional) lective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
|                           | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.  |
|                           |  |
| Dated                     | 4/18/19  |
| Dated                     | 4/18/19<br>An 2016   |
| Dated                     | 4/16/19  Agrature of a member or authorized representative of a member   |