Division of Corporations Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

To:		
	Division of Corporations	
	Fax Number : (850)617-6383	2010
From:	ج حز	
	Account Name : MARIIN ACCOUNTING & TAX SERVICE, INC	AON
	Account Number : I20060000012	
	Phone : (305)826-5886 427	82
	Fax Number : (305)722-0535	•
		$\stackrel{\sim}{\cong}$
**Entar 1	the email address for this business entity to be used for futur	وب ۾
200	ual report mailings. Enter only one email address please.	
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Em:a	il Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMMA'S AUTO'S, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. CLINE
NOV 29 2018
EXAMINER

010 E37 29 CH 10:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMMA	'S AUTO'S, LLC				
(Name of the Limited Liability (A Florida I	Company as it now appears on our recommend Liability Company)	ords.)			
The Articles of Organization for this Limited Liability Company were filed on 12/20/2017					
Florida document number L17000259497	٠	•			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company here:				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u> </u>				
		- 3			
		AO 103			
Enter new mailing address, if applicable:		28			
Mailing address MAY BE A POST OFFICE BOX)		∏° > IT:			
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		<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our recor ss here:	ds, enter the name of the no			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street addr	793			
	, 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> MGR	<u>Name</u> GOMEZ, ARMANDO	Address 4236 MALLEE STREET	Type of Action
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Effective date, if other than the c	late of filing: _		al)	
If an effective date is listed, the date must Note: If the date inserted in this bloom	be specific and cannot be prior to date of	filing or more than 90 days after fil	ing.) Pursus	nt to 605.0207 (3)(b t be listed as the
document's effective date on the Dep	partment of State's records.			
ne record specifies a delayed	offoakiya doka bukashsa -#			tr
The 90th day after the reco	rd is filed.	ecuve time, at 12:01 a.r	n. On the	e earlier of;
NOVEMBER 25	2018			
Dated	,			
* /				
	ignature of a member or authorized repri			

Page 3 of 3

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Typed or printed name of signee