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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corporations			
	DDG AUT	O LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		DUAINE GREEN	
		Name of Person	
		DDG AUTO LLC	
		Firm/Company	
		3102 PALM PLACE	
		Address	
		MARGATE, FL 33063	
		City/State and Zip Code	
		yac1701@gmail.com to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	·	·
DUAINE GREEN		954 822-4559 at ()	
Name o	of Person	Area Code Daytime	e 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Ce	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DDO AUTO U O

any as it now appears on our records.)		
The state of the s		
were filed on 03/07/2018 and assigned		
PR 2: L		
oility company here:		
lity Company," the designation "LLC" or the abbreviation "L.L.C."		
nty Company, the designation "LLC" or the abbreviation "L.C.C.		
3102 PALM PLACE		
MARGATE, FLORIDA 33063		
3102 PALM PLACE MARGATE, FLORIDA 33063		
ffice address on our records, enter the name of the ne		
Enter Florida street address		
, Florida		
,		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR DUAINE GREEN	DUAINE GREEN	3100 PALAN PLACE	🖬 Add
		MARGATE, FL 33063	□ Remove
			Change
			Add
			🗆 Remove
		SECKE IA.	Change
		E FLORIDA	Change Add PRemove Change
			□ Add
			□ Remove
			Change
		 	□ Add
			Remove
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			□ Add
		******	□ Remove
			Change

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an effect ote: If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
ited	July 16. 2018.
	Doken
	Signature of a member or authorized representative of a member
	DUAINE GREEN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00