

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : KIM MARKS CPA
Account Number : I20120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AUTO X DIRECT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTO X DIRECT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03-28-2018 and assigned
Florida document number L18000079309

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 "L.L.C."

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: _____

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LING SU	1600 S PRAIRIE AVE UNIT 1603 CHICAGO, IL 60616	<input checked="" type="checkbox"/> Add
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(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)

Dated OCTOBER 24, 2018

TOBER 24 _____, 2018 _____

 Signature of a member or authorized representative of a member

Typed or printed name of signer

850-617-6381

10/25/2018 9:39:40 AM PAGE 1/001 Fax Server

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October 25, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AUTO X DIRECT LLC
2067 NE 163RD ST
NORTH MIAMI BEACH, FL 33162

SUBJECT: AUTO X DIRECT LLC
REF: L18000079809

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Page 1 of 3 is cut off, and page 3 of 3 is missing.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

FAX Aud. #: H18000307906
Letter Number: 718A00021941

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P.O BOX 6327 - Tallahassee, Florida 32314