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Division of Corporations

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Account Name : KIM MARKS CPA
Account Number : 120120000072
Phone : (305)895-5815
Fax Number : (305)895-6273

**Enter the email address for this business entity to be used for future

Email Address:_

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

annual report mailings. Enter only one email address please.**

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AUTO X DIRECT LLC (Name of the Limited Limbility Compony at H now appears on our research) (A Florida Limited Limbility Compony) The Articles of Organization for this Limited Liability Company were filed on 03-28-2018 and assigned Plorida document number L18000079809 This arrendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company hore: The new same 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 ner registered upon and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	ARTICLES	OF AMENDMENT	H180003079063
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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>	Address	Type of Action
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E. Effec	tive date, if other than the date of filing:
Note	. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
docu	ment's effective date on the Department of State's records.
If the re (b) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
	OCTOBER 24 / 2018 A
Date	OCTOBER 24 , 2018 .

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Typed or printed name of signee

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H180003079063



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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