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COVER LETTER

Division of Cor			
SUBJECT: SUBJECT:	19 Auto LAC Name of Lim	ited Liability Company	_ .
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Chaingaine	e Greene Name of Person	
		Name of Person	
		Firm/Company	
	3800 SW	32nd ave	
	Westpark	FL 33023	
	UKT 30506	City/State and Zip Code 2 Gnq// COM to be used for future annual report notif	ication)
For further information co	oncerning this matter, please or		•
Sephen Cirel	ne Person	at (951), 1699 - < Area Code Daytime	Telephone Number
		·	•
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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI, 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMG AUT	TO LLC d Liability Company as it now appears on A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on <u>4</u>	/2/18 and a	ssigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the wo	rds "Lamited Liability Company," the desig	nation "LLC" or the abbreviation "	LLC"
Enter new principal offices address, if applica		· -	<u> </u>
(Principal office address MUST BE A STREET			<u>.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B			
B. If amending the registered agent and/oregistered agent and/or the new registered off	• •	ir records, enter the nam	e of the ne
Name of New Registered Agent:	Charmaine Gi	erre	
New Registered Office Address:	5791 Plunke	5+ St	
	Enter Florida HOlly WOOd City	stree: address , Florida3302 zu Coa	23

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>	Name	Address Type of Ac	<u>tion</u>
MIRM	Stephen Greene	Address Nollywood Type of Ac	_
	·	BRemove	
Marm	Charmaine Greene	3600 Sw32nd are holly vood wad	
		FL 33023 - Remove	
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ective date, if oth	ser than the date of filir d, the date must be specific ar	1g:	late of liting or more	(optional) — — c) Pursuon:	
te: If the date inser	rted in this block does not late on the Department of	meet the applicable	e statutory filing re	equirements, this date	2 will not	be listed a
record specifies	s a delayed effective	date, but not a	ın effective tim	e, at 12:01 a.m.	on the	earlier o
	ter the record is filed			,		
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ied April 1	<u> </u>					
icd April 1	4		•			
acd April 1	4	aquember or authoriz	Name and the se	a member		

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Filing Fee: \$25.00