## L180000 85113

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## **COVER LETTER**

TO: Registration So Division of Cor			
352 Auto I	.LC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Justin M Mowitz		
	<del></del>	Name of Person	
	Mowitz Law, LLCq		
		Firm/Company	<del></del>
	2445 SW 76th Street #140	)	
	<u> </u>	Address	
	Gainesville, FL 32608		
		City/State and Zip Code	
	justin@mowitzlaw.com	to be used for future annual report not	(1) and (1)
For further information c	concerning this matter, please c	·	incation)
Justin M. Mowitz, Esq.		352 389-0607	
Name (	of Person	at () Area Code Daytin	ne Felephone 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 631		The Centre of	
Tallahassee,	FL 32314	Z415 IN. MONTO	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

352 Auto LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	ds.)
The Articles of Organization for this Limited Liability Comp.	any were filed on 4/4/2018	and assigned
lorida document number L18000085113		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited !	liability company here:	
ne new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	ù	2020
		. 😊
		F = 50 2
nter new mailing address, if applicable:		. $\infty$ 1
failing address MAY BE A POST OFFICE BON)		
	,	1,0
. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street addre	NY.
	, FI	lorida Zip Code
	Ciţy	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. Thereby 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 Action
AMBR	Frank Robertson	212 SW Fox PL, Fort White, FL 32038	<b>⊒</b> Add
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			□Change
			□Add
			□Remove
			Change 2000 DET Add
			28   Remove
		<del></del>	Change
			□Add
		<del>.</del>	□Remove
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			Changa

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Oated November 30		
Alled		La.m. on the earlier of: (b) The 90th day after th
mied	$\cap$	
Signature of a member or authorized representative of a member	Dated November 30	
Signature of a member or authorized representative of a member		

Filing Fee: \$25.00