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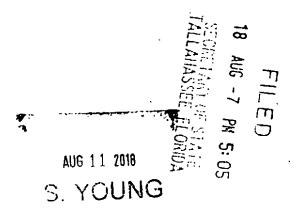
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
ANDROC A	UTO LLC			
SUBJECT: Name of Limited Liability Company				
	amendment and fee(s) are sub	-		
	WILLESLY BENNETT			
		Name of Person		
		Dissolf Constant		
Firm/Company				
	ANDROC AUTO LLC			
		Address		
	4330NW 24 STREET			
City/State and Zip Code		<u>-</u>	<b>-</b>	
	LAUDERHILL FL 33313	to be used for future annual report notification	<u> </u>	<u>*</u>
For further information con	ncerning this matter, please ca	·	AHAS	18 18 万
WILLESLY BENNETT		954 5937961 at ()	יי נו: רו	ILED -7 PM
Name of I	Person	Area Code Daytime Tele	phone Number ORIOA	LED -7 PM 5: 05
Enclosed is a check for the	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 State Certified Copy (additional copy is enc	

MAILING ADDRESS:

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

ANDROC AUTO LLC				
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000158663</u> .	were filed on JULY 16 2018 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
MURROC AUTO LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	4330 NW 24 ST			
(Principal office address MUST BE A STREET ADDRESS)	LAUDERHILL			
	FL 33313			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILE P  B AUG - 7 P  ALLAHASSEE, I			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the mame of the new			
Name of New Registered Agent:				
New Registered Office Address:	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
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			Remove
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Effective	date, if other than the date of filing: AUGUST 2 2018 (option	ial)		
Note: If t	re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fine date inserted in this block does not meet the applicable statutory filing requirements, this discretive date on the Department of State's records.	ing.) Purs late will i	uant to	605.0207 (. listed as tl
the recor ) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m th day after the record is filed.	m. on tl	ne ea	rlier of:
, AU	G 2 2018			
Dated	fill bount			
	f. Signature of a member of authorized representative of a member			
	WILLESLY BENNETT			

Page 3 of 3

Filing Fee: \$25.00