

218000166295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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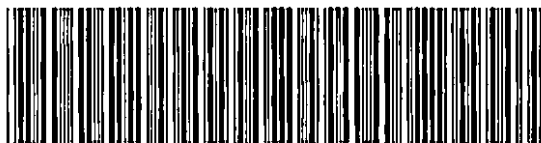
(Business Entity Name)

(Document Number)

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10/22/18--01021--023

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10/22/18 10:01

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10/1/18

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

AUTO LINK MIAMI COMPANY LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person  
AUTO LINK MIAMI COMPANY LLC

\_\_\_\_\_  
Firm/Company  
5944 Coral Ridge Dr # 235

\_\_\_\_\_  
Address  
Coral Springs, FL 33076

\_\_\_\_\_  
City/State and Zip Code  
Admin@autolink.miami

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
JUN 22 10 30 AM '01

For further information concerning this matter, please call:

ROSANGELA RANGEL, 305 921-9922  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

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 Status &  
Certified Copy  
(additional copy is enclosed)

**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**

AUTO LINK MIAMI COMPANY 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 07/10/2018 and assigned  
Florida document number L18000166295.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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**

5944 Coral Ridge Dr #235

Coral Springs, FL 33076

**Enter new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX**

5944 Coral Ridge Dr #235

Coral Springs, FL 33076

**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:**

MMS CORPORATE SERVICES

**New Registered Office Address:**

5944 CORAL RIDGE DR #147

*Enter Florida street address*

CORAL SPRINGS

Florida 33076

*City*

*Zip Code*

**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>
MGR	MARIA A RODRIGUEZ	444 BRICKELL AVE. STE. 224, MIAMI, FL. 33131	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2015 OCT 27 PM 7:01

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
The 90th day after the record is filed.

MIAMI, OCTOBER 17 2018

  
Signature of a member of a labor union

Signature of a member or authorized representative of a member

DORIS SCAVO

Typed or printed name of signee