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## **COVER LETTER**

TO: Registration S Division of Co				
	Automotive AF PN, LLC			
SUBJECT:	Name of Limited Lia	bility Company		
The enclosed Articles of	f Amendment and fee(s) are submitted	for filing.		
Please return all corresp	ondence concerning this matter to the	following:		
	Logan Parker			
		Name of Person		
	Bass Sox Mercer	Name of Ferson		
		Firm/Company		
	2822 Remington Green Circle			
		Address		
	Tallahassee, FL 32308			
	City/ lparker@dealerlawyer.com	State and Zip Code		
	E-mail address: (to be us	ed for future annual r	report notification)	
For further information (	concerning this matter, please call:			
Logan Parker		850 838	8-7131	
Name o	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	Certificate of Status	555.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Sta	atus &

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

Step One Automotive AF PN, 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 July 16, 2018 Florida document number L18000170768 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Step One Automotive MAF PN, LLC The new name 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

Hamending 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
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effective date is listed, the date multiple of the date inserted in this b	ust be specific and cannot be		or more than 90 days aff	ier filing.) Pursuant to 605.0
ment's effective date on the l			ming requirements, a	ms date will not be usied
ecord specifies a delaye e 90th day after the re		not an effectiv	ve time, at 12:01	a.m. on the earlier
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d August 15	2018	·		• • • • • • • • • • • • • • • • • • • •
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00