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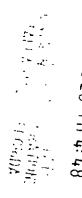
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COVER LETTER

TO: Registration : Bivision of Co			
Step One	Automotive MAF PN, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Logan Parker		
		Name of Person	
	Bass Sox Mercer		
		Firm/Company	
	2822 Remington Green Ci	rcle	
		Address	
	Tallahassee, FL 32308		
		City/State and Zip Code	
	lparker@dealerlawyer.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Logan Parker		850 878-6404	
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



Step One Automotive MAF 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	and assigned	
Florida document number L18000170768			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "IA	.C" or the abbreviation "L.L.C."	
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 of registered agent and/or the new registered office address here. Name of New Registered Agent:		ds, enter the name of the new	
New Registered Office Address:			
rea regimered office Address.	Enter Florida street addr	ess	
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	•	Zıp Code	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. If performance of my duties, a provided for in Chapter 605	and I am familiar with and . F.S. Or, if this document is	

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
MGR	Fernando Arellano Geddes		
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		Correcting name - two last names (no hypens, but add space)	■ Change
			□ Add
			☐ Remove
			Change
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			Remove
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	ecord specifies a delayed effective e 90th day after the record is fil		an effective time,	at 12:01 a.m. on the	e earlier of:
	AUGUST 20	2018	<u>.</u> .		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00