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(Requ	estor's Name)	
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COVER LETTER

	egistration Se ivisiòn of Cor		•	
NUB HECT		CE AUTO, LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		CRUZ, JUANA K		
			Name of Person	
		AA SERVICE AUTO, LL	С	
			Firm/Company	
		908 NE 4TH AVE		
		FT LAUDERDALE FL 33	Address 304	
		aa.auto954@gmail.com	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please co	all:	
CRUZ, JU	ANA K		754 304 3069 at ()	
	Name o	f Person		Telephone Number
Enclosed is	s a check for th	ne 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:

TO:

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

AA SERVICE AUTO, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000190546	y were filed on 08/09/2018 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:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	5 4 h
N. 4	32 S
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	2 TK 44
3. If amending the registered agent and/or registered o	· ————————————————————————————————————
egistered agent and/or the new registered office address her	<u>re</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin Code

iew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and coept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

11 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>	Type of Action
	CRUZ, JUANA K	901 NW 141 Ave	
AMBR			
		#204	·
		PEMBROKE PINES, FL 33028	Li Kelilove
		PEMBRORE FINES, PL 33028	
			☐ Change
MGR	ROUDEL, FREDERIC	16920 NE 4 PLACE	
		N MIAMI BEACH FL 33162	
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ive date, if other than the date ective date is listed, the date must be sp. If the date inserted in this block deent's effective date on the Department.	secific and cannot be prior to date oes not meet the applicable st	of filing or more than 90 days after f	iling.) Pursuant t	
cord specifies a delayed effe -90th day after the record i		effective time, at 12:01 a.	m. on the e	arlier
OCTOBER 26	2018			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00