

L19 0000 88268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

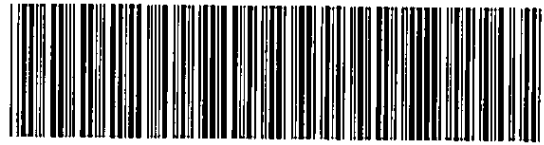
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04/15/19--01013--013 **60.00

S TALLENT

APR 23 2019

FILED
2019 APR 15 PM 6:39
SECRETARY OF STATE
TALLER, FL

Amend

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTOLAB WHOLESALE GROUP LLC
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:

JOHANNA ESCOBAR / CASTILLO
Name of Person

AUTOLAB WHOLESALE GROUP LLC
Firm/Company

7753 NW 53rd Street
Address

Doral FL 33166
City/State and Zip Code

Joaaarg@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHANNA ESCOBAR at (954) 928-6278
Name of Person 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**

AUTOLAB Wholesale Group 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 4/11/19 and assigned
Florida document number L19000088268

This amendment is submitted to amend the following:

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

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)

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:

JOHANNA CASTILLO

New Registered Office Address:

7753 NW 53rd Street

Enter Florida street address

SAME

DORAL

City

Florida

33146

Zip Code

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

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>
AMBR	CHARILYN R RODRIGUEZ	9783 SW 68th Street	<input type="checkbox"/> Add
		Miami FL 33173	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHANNA ESCOBAR (Surname)	7753 NW 53rd Street	<input type="checkbox"/> Add
		Doral FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHANNA CASTILLO (Maiden name)	7753 NW 53rd Street	<input checked="" type="checkbox"/> Add
		Doral FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JONATHAN CASTILLO	7753 NW 53rd Street	<input checked="" type="checkbox"/> Add
		Doral FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 5th 2019

Signature of a member or authorized representative _____

Typed or printed name _____

JOHANNA ESCOBAR

Typed or printed name of signee