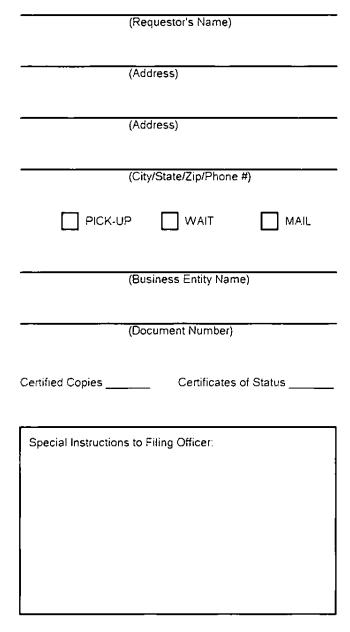
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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Ashies Automobic UC 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: Ashles Automobic Firm/Company Ashles Automobic City/State and Zip Code Ashles Automobic 03 al Conglicum E-mail address: City/State and Zip Code Ashles Automobic 03 al Conglicum E-mail address: (to be used for foture annual report notification) For further information concerning this matter, please call: Ashles Feeto Name of Person at (10) 233-335 Area Code Daytine Telephone Number Enclosed is a check for the following amount: \$\forall \text{S25.00 Filing Fee} \text{ S30.00 Filing Fee & Certificate of Status} \text{ Certificate of Status & Certified Copy (additional copy is enclosed)} Mailling Address: Registration Section Division of Corporations Division of Corporations	. , , , , , , , , , , , , , , , , , , ,	COVER LETTER
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Ashlie Fe. j.c. Ashlie Adometic UC Firm/Compony City/State and Zip Code Ashlie Ashlie Address City/State and Zip Code Ashlie Ashlie Adometic O3 a Gmoil Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ashlie Fe. o at (407) Name of Person at (407) Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\forall \text{S25.00 Filing Fee} \text{ S30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)} \text{ S60.00 Filing Fee. Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)} \text{ Division of Corporations} \text{ Division of Corporations}	The enclosed Articles of Amendment and fee(s) are sub-	nitted for filing.
Ashlies Adomatic UC Firm/Company City/State and Zip Code Ashlies Adomatic 03 a Gagil Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ashlie Fego at (107) Name of Person at (107) Area Code Daytime Telephone Number Enclosed is a check for the following amount: ### S25.00 Filing Fee	Please return all correspondence concerning this matter t	to the following:
Address Deland FL 3300 City/State and Zip Code Ashles Adomobine 03 a Gracil. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ashle Fego at 4000 Daytime Telephone Number Enclosed is a check for the following amount: ### S25.00 Filing Fee	Ashlie F	Name of Person
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City/State and Zip Code Ashles Adomotive 03 a Gracil. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ashle Fajo Name of Person at (407) Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{\$\$\$55.00\$ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \[\frac{\text{Mailing Address:}}{\text{Registration Section}} \] Registration Section Division of Corporations Division of Corporations	_	<u>.</u>
Ashlie Fee at Address: Registration Section Division of Corporations at (107)		
Ashlie Fee at Address: Registration Section Division of Corporations at (107)	Weland	City/State and Zip Code
Ashlie Fee at Address: Registration Section Division of Corporations at (107)	Ashles Ado E-mail address: (t	o be used for future annual report notification)
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Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Certified Copy (additional copy is enclosed) Registration Section Division of Corporations	Enclosed is a check for the following amount:	
Registration Section Registration Section Division of Corporations Division of Corporations	\$\sum_{\text{S25.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \&\text{Certificate of Status}	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
•		Registration Section
P () BOX 0.32/		Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on o ed Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7.73 7.47 4.7
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		 -
		<u> </u>
		-
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	s, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
		. Florida
	City	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>	Address	Type of Action
Nember	Ashlie feijo	1308 Wermorth Dr	X Add
		Beland fl 32720	□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□ Remove
			Change
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`an eff (ote:	ive date, if other than the date of filing:
recor l is fil	d 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 led.
ated	2074 Signature of a metaber or authorized representative of a member
	Randy Edge Sped or printed name of signee

T.