L20000259188

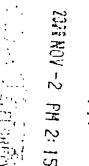
(Requestor's Name)	
(Address)	
(Address)	
(103.555)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	_
(Business Entity Name)	
(Document Number)	
(,	
Configuration of Classics	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\Box
	ł
	ł

Office Use Only



500354065995

11/02/20--01027--033 **60.00





COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Division of Cor	porations		0 111 1 -11
SUBJECT:	and N	AUTO GRO	oP "L.L.C"
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
			. ``
	ER	NST REN	IARD
		Name of Person	
	4	E and N A	UTO GROUP "L.L.C"
		Firm/Company	
	_13211_N	NEBICASKA Address	AUR Suite I
		EL 33612	
	EanilNA VI Co	group x g mail	ication) ERZ. 4. TREX grace
	E-mail address: (to be used for future annual report not	dication)
For further information c	oncerning this matter, please ca	all:	اري. الجماع الجماع
ERNS	ST RENAR	9 31.516 880	Telephone Number
Name o	f Person	Area Code Daytin	ne Telephone Number
England is a about the t	sa Cillandan amount		22
Enclosed is a check for the	_		$\mathcal{L}^{\mathcal{L}}$ on
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
			.,
Mailing Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•
a a grant and the Arms and			

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Earl N A UTO GROUP L. L. C

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were f	iled on $8/3//30$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(1) (10) (10)
(Principal office address MUST BE A STREET ADDRESS)	5
	-2
	P 34
Enter new mailing address, if applicable:	. 2
Mailing address MAY BE A POST OFFICE BOX)	C. V. 29
3. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
Cit	y 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 gonly Type of Action Name Address ERNST RENARD 13211 N. NEBRAS KARVE DAD TAMPA FL 336/2 DRemove (L'Change □Remove __DAdd:::: -⊤) _⊞Remove — ©Change _____ □Remove _____ □Change ____ □Change _____ Remove _____ □Change

				_						
				•	·					
					<u>.</u>					
			-··-							
								<u> </u>		
				 -					163	
				<u> </u>				 -	FO.	
						<u> </u>		•	- 	•
						·		•	P:	
			_		·			···	— ; ; ; —	
							<u>-</u>	***	<u>5</u>	
N.B-	Title	Chan	se f	_ [[]]	AP	70	MC	R		
•		6	7	- 		-,		V		
ffective date, if				 .			(option		405.00	207
an effective date is <u>lote:</u> If the date i	nserted in this b	block does not	t meet the a	applicable s						
ocument's effecti	ve date on the I	Department of	f State's rec	ords.						
record specifies a	delaved effecti	ve date, but n	iot an effect	ive time a	12:01 a m	on the earl	ier of: (b)	The 90d	ı day after t	he
l is filed.							,		• .	
ated 10	- 29-	•	20	120						
ated			_ · _	<u> </u>						
	17.4	not k	Porms	·L						
	<i>LQLU</i>	Simontal St		conthorizad		a at a manah				

Filing Fee: \$25.00