## #1/0000099/69

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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K.SALY EXAMINER MAR 25 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

R & K's Auto Sales 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:

Manuel G. Raices

Name of Person

R & K's Auto Sales LLC

Firm/Company

5959 R St. Augustine Road

Address

Jacksonville, Florida 32207

City/State and Zip Code

rksautosales@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuel G. Raices

at (904) 442-4377

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

#11.50 13 MAR 21 AN 10: 20

R & K's Auto Sales LLC

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

	City	Zip Code
	, Flo	orida Zip Code
	Enter Florida s	street address
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		s, enter the name of the new
(Mailing address MAY BE A POST OFFICE BOX	1	
Enter new mailing address, if applicable:		
Trincipal Office address MOST BE A STREET AL		
(Principal office address MUST BE A STREET AL	DDECC)	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
A. If amending name, enter the new name of the	limited liability company here:	
This amendment is submitted to amend the following	g:	
Florida document number L10000099169		
The Articles of Organization for this Limited Liabili	ty Company were med on	and assigned

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		<u> </u>	Add
			Remove
			Add
			<u> </u>
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

Correcting na	ame of MGRM to read: Manuel G. Raice
3/18	2013
	H Rains
	Macus Signature of a member or authorized representative of a member
Manuel G.R	· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

Filing Fee: \$25.00