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D. SCOTT
NOV 9 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stuart Hyundai, 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:

William Wallace

Name of Person

William Wallace Enterprises, Inc.

Firm/Company

3801 SE Federal Highway

Address

Stuart, FL 34997

City/State and Zip Code

betsyargraves@wallaceaotogroup.net

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

For further information concerning this matter, please call:

Amy Vanilla

772

872-0010

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2017 NOV - 4 0 13 31
TALLAHASSEE, FL

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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>
S	Judith L. Powell	494 Krueger Creek Place	<input type="checkbox"/> Add
		Stuart, FL 34996	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	Elizabeth D. Argraves	9037 SE Sandy Lane	<input checked="" type="checkbox"/> Add
		Hobe Sound, FL 33455	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 18th 2017

Signature of a member or author

Signature of a member or authorized representative of a member

William L. Wallace

Typed or printed name of signee

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Filing Fee: \$25.00