

L020000012038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

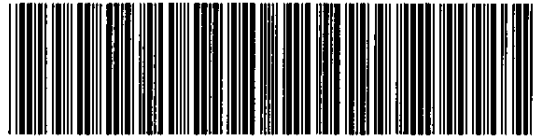
Special Instructions to Filing Officer:

A. LUNT

SEP 22 2009

EXAMINER

Office Use Only



800160837298

09/21/09--01014--017 **60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 21 PM 2:57

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Young'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:

Pam Young / Heather Williams
Name of Person

Young's Auto Sales LLC
Firm/Company

2304 E 5th St.
Address

Panama City, FL 32401
City/State and Zip Code

h-young86@yahoo.com
E-mail address: (to be used for future annual report filing)

For further information concerning this matter, please call:

Pam Young / Heather Williams (850) 769-1531
Name of Person Area Code & City 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/COURT ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Young's Auto Sales 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 9-17-09 and assigned Florida document number LD20050018038.

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 end with the words "Limited Liability Company" or 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)

FILED
2009 SEP 21 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Pam Young

New Registered Office Address:

2304 E 5th St.

For Florida street address

Panama City

City

Florida

32401

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in that 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.

Pam Young

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 = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Rob Young	831 Plantation Way Panama City, FL 32404	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Pam Young	1624 Sunset Ave. Panama City, FL 32404	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Heather Williams	2936 Syracuse Ave. Panama City, FL 32405	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2009 SEP 21 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Dated September 17, 2009

Pam Young Heather Williams

Signature of a member or authorized representative of member

Pam Young Heather Williams

Typed or printed name of signee