L040000 60503

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TQ: Registration S Division of Co					
Fleet Liqu	idators of Central Florida, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	f Amendment and fee(s) are subsondence concerning this matter				
	Joseph C. Greco, III, Esq.				
		Name of Person			
	The Law Office of Joseph	C. Greco, III, P.A.			
Firm/Company					
	121 S Orange Avenue, Sui	te 1500			
		Address			
	Orlando, Florida 32801-32	241			
		City/State and Zip Code			
	joegreco@att.net	16.6.			
		to be used for future annual report notifi	cation)		
For further information	concerning this matter, please co	all:			
Joseph C. Greco, III, E	sq.	407 377-6849 at ()			
Name of Person			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)		
MAI	LING ADDRESS:	STREET/COURIE	ER ADDRESS:		

TQ:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Fleet Liquidators of Central Florida, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Liability Company	were filed on 08/13/2004 and assigne		
lorida document number L04000060503			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	pility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:	400 Chairman Court, Unit 300		
Principal office address MUST BE A STREET ADDRESS)	Debary, FL 32713		
inter new mailing address, if applicable:	400 Chairman Court, Unit 300		
Mailing address MAY BE A POST OFFICE BOX)	Debary, FL 32713		
. If amending the registered agent and/or registered of	ffice address on our records, enter the name of t		
egistered agent and/or the new registered office address her			
egistered agent and/or the new registered office address her Name of New Registered Agent:			
egistered agent and/or the new registered office address her			
	<u>·e</u> :		

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

Page 1 of 3

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>	Type of Action
PT	Michael J Tumminello	3085 Saint Johns Parkway	
		Sanford, FL 32771	■ Remove
			☐ Change
VPS	Jeffrey H Brody	3085 Saint Johns Parkway	
		Sanford, FL 32771	■ Remove
			☐ Change
PTMGR	Michael J Tumminello	400 Chairman Court, Unit 300	Add
		Debary, FL 32713	Remove
			Change
VPS	Brande Hunt	400 Chairman Court, Unit 300	
		Debary, FL 32713	Remove
			☐ Change
			Add
		TO SECOND TO SEC	Add
		T ORIDA	Remove

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active data if other than the	data of filings		(antional)	
ective date, if other than the	t be specific and cannot be	prior to date of filing o	or more than 90 days	after filing.) Pursu	ant to 605.0
te: If the date inserted in this blowment's effective date on the Do			ining requirement	s, this date with it	ot be nated
record specifies a delayed The 90th day after the rec	l effective date, bu	it not an effectiv	e time, at 12:	01 a.m. on th	ne earlier
ne sour day area are ree	ord is incur				
ed August 2	2016	·			
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	>< 7 hd	1/1	2-43		-
	Signature of a member o	r authorized representa	tive of a member	\$2 F	FFI

Page 3 of 3

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Filing Fee: \$25.00