

LOS 000056152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

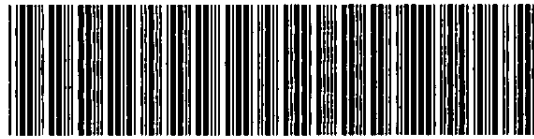
(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 26 PM 2:57

COVER LETTER

Registration Section
Division of Corporations

To: FLORIDA SELECT PREOWNED AUTOS LLC

Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUZY STONEBRAKER

Name of Person

FLORIDA SELECT PREOWNED AUTOS LLC

Firm/Company

4347 CLARK ROAD

Address

SARASOTA FL 34233

City/State and Zip Code

FLORIDASELECTPREOWNEDAUTOS@GMAIL.COM

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

For further information concerning this matter, please call:

SUZY STONEBRAKER

Name of Person

at (941)

922-2600

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**

FLORIDA SELECT PREOWNED AUTOS 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 06/07/2005 and assigned
Florida document number L05000056152.

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," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4347 CLARK ROAD

SARASOTA FL 34233

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4347 CLARK ROAD

SARASOTA FL 34233

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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:

New Registered Office Address:

4347 CLARK ROAD

Enter Florida street address

SARASOTA

City

, Florida

34233

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 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

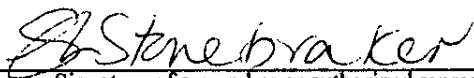
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Floyd A. Ryder	2560 Bispham Rd. Sarasota Fl 34231	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Suzy Stonebraker	7442 PALMER GLEN CIRCLE Sarasota Fl 34240	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Member	Suzy Stonebraker	7442 PALMER GLEN CIRCLE Sarasota Fl 34240	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Member	Gregory Stonebraker	7169 North Serenoa Dr. Sarasota Fl 34241	<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

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

Dated February 25, 2010.


Signature of a member or authorized representative of a member
SUZY L. STONEBRAKER
Typed or printed name of signee