

L 060000091115

(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**

APR 23 2009

**EXAMINER**

Office Use Only



200149602132

04/13/09--01009--002 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 APR 22 PM 3:41

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2009

SAMANTHA ADAMS  
4425 BLACK OAK ROAD  
MILTON, FL 32583

SUBJECT: SAMANTHA ADAMS ENTERPRISES, LLC  
Ref. Number: L06000091115

We have received your document for SAMANTHA ADAMS ENTERPRISES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 309A00012656

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Samantha Adams Enterprises 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:

Samantha Adams

(Name of Person)

Christian Auto LLC

(Firm/Company)

4425 Black Oak Road

(Address)

Milton, Florida 32583

(City/State and Zip Code)

For further information concerning this matter, please call:

Samantha Adams

(Name of Person)

at ( 850 ) 642-5222

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 APR 22 PM 3:41

FILED

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**

**SAMANTHA ADAMS ENTERPRISES 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 JULY 2, 2007 and assigned Florida document number L06000091115.

**This amendment is submitted to amend the following:**

**A. If amending name, enter the new name of the limited liability company here:**

CHRISTIAN AUTO LLC.

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)***

9910 Navarre Parkway West

Navarre Florida 32566

**Enter new mailing address, if applicable:**

***(Mailing address MAY BE A POST OFFICE BOX)***

4425 Black Oak Road

Milton , Florida 32583

**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:**

(Enter Florida street address)

**, Florida**

(City)

(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>
MGRM	Samantha Adams	4425 Black Oak Road Milton, Florida 32583	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Tyrone Adams		<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

FILED  
2009 APR 22 PM 3:44  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

The Address changed from 4 Williams Street to 9910 Navarre Parkway West

Navarre, Florida 32566. The Business phone number is now 850-939-2166

Dated MARCH 25, 2009

*Samantha Adams*

Signature of a member or authorized representative of a member

SAMANATHA ADAMS

Typed or printed name of signee