107000004742

(Requestor's Name)
(Address)
(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:

Office Use Only



000305207120

11/05/17--01033--002 **320.00

17 NOV -6 AH IO: 24

O SIMIMONS NOV 0 9 2017

COVER LETFER '

Division of Co			
Wallace i	Lincoln Mercury of Ft. Pierce, I	LC	
5000ECT	Name of Lit	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	bmitted for filing.	
Please return all corresp	oondence concerning this matter	r to the following:	
	William Wallace		
		Name of Person	
	Wallace Hyundai		
		Firm/Company	
	3801 SE Federal Highway	4	
		Address	
	Stuart, FL 34997		
	betsyargraves@wallaceauto	City/State and Zip Code	
	-	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Amy Vanilla		772 872-0010 at ()	
Name	of Person	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

Wallace Lincoln Mercury of Ft. Pierce, LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 01/12/2007	ompany were filed on L07000004742	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(2.23)	<u></u>
		2 1 m
		NOI NOI
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		10:24
		. 12
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		
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 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

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>	Address	Type of Action		
S	Judith L. Powell	494 Krueger Creek Place			
		Stuart, FL 34996	■ Remove		
			□ Change		
S	Elizabeth D. Argraves	9037 SE Sandy Lane	≅ Add		
		Hobe Sound, FL 33455	□ Remove		
			Change		
			Add		
			Remove		
			Add		
			Add		
			□ Remove		
			Change		
			□ Remove		
			Change		

			•		
		-			
	<u> </u>				
					
					
					
				NON NO	-
				M NON -6	•
				さ	
			_	4.	
			·		
	·				
		 _			
fective date, if other than	n the date of filing:	he noor to date of filing or	(option	ial)	
ote: If the date inserted in i	his block does not meet the	applicable statutory fili	ing requirements, this d	late will not be listed as t	ری hcاhc
ocument's effective date on	the Department of State's re	ecords.			
record specifies a de The 90th day after the	layed effective date, b	ut not an effective	time, at 12:01 a.r	m. on the earlier of:	
the sour day after the	e record is med.				
October 18th	2017				
ated October 1811		·			
/ XVIII D		•			
(grays	Signatura	or authorized representativ	a of a manufact		

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00