

L07000098221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

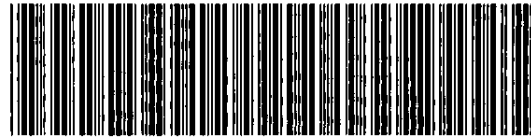
(Business Entity Name)

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FILED  
10 OCT 12 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 13 2010

EXAMINER

Michael R. Tilley, P.A.  
Kristine M. Chapman

*Law Offices of*  
**TILLEY & CHAPMAN**  
BANK OF AMERICA BUILDING  
2000 Glades Road Suite 306  
Boca Raton, Florida 33431  
MichaelTilley@bellsouth.net

Phone (561) 392-5707  
Fax (561) 368-0709

October 8, 2010

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
OCT 12 PM 3:36  
TALLAHASSEE, FLORIDA

**RE: Debron Classic Vehicle Memorial Fund, LLC  
# L07000098221**

Dear Sir or Madam,

Enclosed please find the paperwork to amend the above LLC to change the name and add a MGRM. Enclosed please find payment of \$55 along with a self addressed stamped envelope to return the certified copy.

If you have any questions or need any additional information you may reach me at 561.392.5707 or [michaeltalley@bellsouth.net](mailto:michaeltalley@bellsouth.net).

Thank you in advance for your assistance.

Very truly yours,

  
Charlotte Tilley

Enclosure

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Debron's Classic Vehicle Memorial Fund, 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:

Charlotte Tilley

Name of Person

Michael R. Tilley, P.A.

Firm/Company

2000 Glades Rd Ste 306

Address

Boca Raton FL 33431

City/State and Zip Code

MichaelTilley@bellsouth.net

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

FILED  
10 OCT 12 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Charlotte Tilley

Name of Person

at ( 561 )

392 5707

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**

Debron's Classic Vehicle Memorial Fund, 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 09/21/07 and assigned  
Florida document number L07000098221.

This amendment is submitted to amend the following:

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

Debron Distributors 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)**

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

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

**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**

