

LO8000019593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

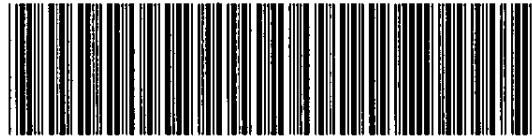
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A

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NOV 28 2012

EXAMINER



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11/26/12--01017--014 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV 26 PM 3:42

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DAN NETTUNO, SR, 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:

KEVIN MCGREADY
Name of Person

WESTSIDE AUTO
Firm/Company

4520 MANATEE AVE WEST
Address

BRADENTON FL 34209
City/State and Zip Code

gowestsideauto@yahoo.com
E-mail address: (to be used for future annual report notification)

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12 NOV 26 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KEVIN MCGREADY at **941 748-4930**
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**

DAN NETTUNO, SR, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/25/2008 and assigned
Florida document number L08000019593

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)

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:

KEVIN P MCGREADY

New Registered Office Address:

4520 MANATEE AVE WEST

Enter Florida street address

BRADENTON

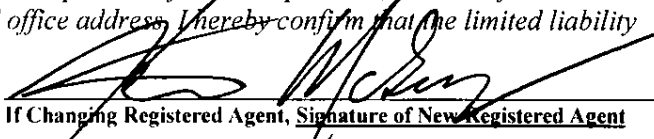
Florida 34209

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

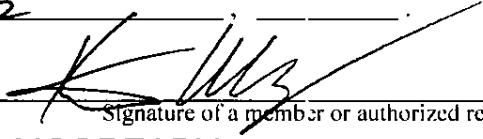
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NEIL S VENEZIA	5280 35TH WAY NORTH	<input type="checkbox"/> Add
		ST PETERSBURG FL 33714	<input checked="" type="checkbox"/> Remove
MGR	KEVIN P MCGREADY	6518 41ST AVENUE NORTH	<input checked="" type="checkbox"/> Add
		ST PETERSBURG FL 33709	<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

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

Dated 11/24/12



Signature of a member or authorized representative of a member

KEVIN MCGREADY

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00