L08000086287

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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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9/21/09 no money				
Office Use Only				



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T. HAMPTON OCT - 2 2009

EXAMINER

NO Ch. Enclosed. - Yest 9/21/09

COVER LETTER

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Registration Section

TO:

Division of Corporations						
SUBJECT:	SHERROD	AUTO DIRECT LLC				
SOMECT:	Name of Limited Liability Company					
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.				
Please return all corr	respondence concerning this matte	r to the following:				
		BOREE,MELANIE				
	Name of Person					
	SHERROD AUTO DIRECT LLC					
	Firm/Company					
	80	8004 ACORN RIDGE RD				
	Address					
	JAC	JACKSOSNVILLE, FL 32256				
		City/State and Zip Code				
	JJ@SHI E-mail address: (ERRODAUTODIRECT.C to be used for future annual report	COM notification)			
For further informati	ion concerning this matter, please	•	· · ··································			
	MELANIE BOREE	at (_904_)	545-0064			
Na	me of Person	Area Code & Da	ytime Telephone Number			
Enclosed is a check	for the following amount:					
\$25.00 Filing Fed	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy. (additional copy is encl-	S60.00 Filing Fee, Certificate of Status & Certified Copy. (additional copy is enclosed)			
Re Di P.0	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Registration Se Division of Co Clifton Buildir	rporations			

Tallahassee, FL 32301

RECEIVED

09 OCT -1 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 22, 2009

MELANIE BOREE 8004 ACORN RIDGE RD JACKSONVILLE, FL 32256

SUBJECT: SHERROD AUTO DIRECT LLC

Ref. Number: L08000086287

We have received your document for SHERROD AUTO DIRECT LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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) 245-6855.

Letter Number: 609A00031058

Tammy Hampton Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	UTO DIRECT L			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appea ted Liability Company)	<u>rs on our records.</u>)		
The Articles of Organization for this Limited Liability Comp	oany were filed on	9-10-08	and assigned	
Florida document numberL08000086287				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation	'LLC" or the abbreviation	
Enter new principal offices address, if applicable:			3 546 3 546	
(Principal office address MUST BE A STREET ADDRES.	<u> </u>			
	,	 	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	
Enter new mailing address, if applicable:			3 200	
(Mailing address MAY BE A POST OFFICE BOX)			AAA	
B. If amending the registered agent and/or registere		our records, <u>enter</u>	the name of the new	
registered agent and/or the new registered office address	<u>here</u> :			
Name of New Registered Agent:				
New Registered Office Address:			7.1	
	Enter Florida street address			
	City	, Florida _	Zip Code	
	C_{Hy}		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	MELANIE BOREE	8004 ACORN RIDGE ROAD JACKSONVILLE, FL 32256	Add Remove
			☐ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, ent	er change(s) here: (Attach additional sheets, if necessa	ary.)
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		•	The second of th
Dated	SEPTEMBER 10	, <u>2009</u> . ~ . .	21 PM
	Signature of	a member or authorized representative of a member MELANIE BOREE Typed or printed name of signee	STATE STATE

Page 2 of 2

Filing Fee: \$25.00