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2012 MAR - 2 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Auto PASS 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:

FLORENSE MANSOUR
Name of Person

Auto PASS LLC
Firm/Company

2329 N. HWY 441
Address

Leesburg FL 34748
City/State and Zip Code

FMAN32726@AOL.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FLORENSE MANSOUR at (352) 406-8793
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

FILED
2012 MAR -2 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Auto PASS 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 10/29/2008 and assigned Florida document number L08000101333.

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)

Auto PASS LLC
2329 N. HWY 441
Leesburg FL 34748

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

FLORANSE MANSOUR

New Registered Office Address:

1760 LAKE TERRACE DR

Enter Florida street address

EUSTIS, Florida 32726
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	SAM MANSOUR	1760 LAKE Terrace Dr EUSTIS FL 32726	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	George MANSOUR	2719 SHOE MAKER LN MTDora FL 32757	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FLORANSE MANSOUR	1760 LAKE Terrace Dr EUSTIS FL 32726	<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

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

change George MANSOUR to MGR
Change ~~MT~~ FLORANSE MANSOUR to MGRM

Dated _____



Signature of a member or authorized representative of a member

FLORANSE MANSOUR

Typed or printed name of signee

2012 MAR - 2 PM EST 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED