## L09000059892

| ,                                       |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Requestor's Name)                      |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| <del>-</del>                            |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Certified Copies Certificates of Guards |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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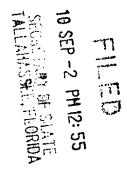
Office Use Only



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N. CAUSSEAUX SEP - 2 2010

**EXAMINER** 

## **COVER LETTER**

| TC   | Registration So<br>Division of Co |  | ·   |                   |  |  |  |
|--|-----------------------------------|--|---|-------------------|--|--|--|
| SUBJECT: ATLANTIC COAST AUTOS LLC  |                                   |  |   |                   |  |  |  |
| 30 <b>D</b> 01   |                                   |  | ted Liability Company   |                   |  |  |  |
| The en   | closed Articles of                | `Amendment and fee(s) are sub                            | omitted for filing.   |                   |  |  |  |
| Please   | return all correspo               | ondence concerning this matter                           | to the following:   |                   |  |  |  |
|  |                                   |  | DAN DEXTER  Name of Person                                      | <u></u>           |  |  |  |
| Name of Person   |                                   |  |   |                   |  |  |  |
|  |                                   | ATL  | ANTIC COAST AUTO  | os                |  |  |  |
| 1  | Firm/Company                      |  |   |                   |  |  |  |
|  | 13638 ATLANTIC BLVD               |  |   |                   |  |  |  |
| Address  |                                   |  |   |                   |  |  |  |
|  | JACKSONVILLE FL 32225             |  |   |                   |  |  |  |
|  | City/State and Zip Code           |  |   |                   |  |  |  |
|  |                                   | DAN  | DEXTERJR@AOL.C  | ОМ                |  |  |  |
|  |                                   |  | to be used for future annual rep                                | ort notification) |  |  |  |
| For fu   | rther information of              | concerning this matter, please of                        | all:  |                   |  |  |  |
| DAN DEXTER   |                                   |  | at (_904_)  | 616-4             |  |  |  |
|  | Name                              | of Person  | Area Code &   | Daytime Teleph    | one Number   |  |  |
| Enclos   | sed is a check for t              | the following amount:                                    | 1   |                   |  |  |  |
| \$25   | 5.00 Filing Fee                   | \$30.00 Filing Fee & Certificate of Status               | \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is e | enclosed)         | ]\$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                                   | Registration<br>Division of<br>Clifton Bui<br>2661 Exect | Corporations  |                   |  |  |  |



August 2, 2010

DAN DEXTER 13638 ATLANTIC BLVD. JACKSONVILLE, FL 32225

SUBJECT: ATLANTIC COAST AUTOS LLC

Ref. Number: L09000059892

We have received your document for ATLANTIC COAST AUTOS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with 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) 245-6094.

Agnes Lunt Regulatory Specialist II

•

Letter Number: 010A00018548

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ATLAI   | VTIC COAS                             | ST AUTOS LL                               | .C                      | <del></del>            |  |  |
|---|---------------------------------------|---|-------------------------|------------------------|--|--|
| (Name of the Limited I<br>(A I  | Liability Compar<br>Florida Limited L | iy as it now appears<br>iability Company) | s on our records.       |                        |  |  |
| The Articles of Organization for this Limited Lia Florida document number L090000598      |                                       | were filed on                             | 6/19/09                 | and assigned           |  |  |
| This amendment is submitted to amend the follow   | ving:                                 |   |                         | 2 P                    |  |  |
| A. If amending name, enter the new name of  | the limited liabi                     | ility company here                        | 2:                      | MR:5                   |  |  |
| The new name must be distinguishable and end with "L.L.C."                                | the words "Limit                      | ted Liability Compar                      | ny," the designation    | "LLC" The abbleviation |  |  |
| Enter new principal offices address, if applica   | 13638 ATLANTIC BLVD                   |   |                         |                        |  |  |
| (Principal office address MUST BE A STREET  | JACKSONVIL                            | LE FL 32225                               |                         |                        |  |  |
| Enter new mailing address, if applicable:   | 13638 ATLAN                           |   |                         |                        |  |  |
| (Mailing address MAY BE A POST OFFICE B   | <u>(OX)</u>                           | JACKSONVILLE FL 32225                     |                         |                        |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered off |                                       |   | ur records, <u>ente</u> | r the name of the new  |  |  |
| Name of New Registered Agent:   | DAN DEXTER                            |   |                         |                        |  |  |
| New Registered Office Address: 13638 ATLANTIC BLVD  |                                       |   |                         |                        |  |  |
|   |                                       | Enter Florida street address              |                         |                        |  |  |
|   | JAC                                   | KSONVILLE                                 | 32225                   |                        |  |  |
|   |                                       | 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 ox 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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Signature of a member or authorized representative of a member 700 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00