209000078435

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

AUG 22 2011

EXAMINER

Office Use Only



800211093868

08/19/11--01007--005 **25.00

ZOLI AUG 19 PH 2 21
SEERE JARY OF STATE
ALLAHASSEE F STATE

COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT:	Himarc A	Automotive, LLC			
		ited Liability Company			
	of Amendment and fee(s) are su	•			
ricase return an corre	spondence concerning this matte	r to the following.			
		Jule LaBosco			
		Name of Person			
	Н	imarc Automotive, LLC	·-	-÷	
		Firm/Company		2011 SEC	
	436	0 South Ridgewood Ave.	A H A	2011 AUG 19	T
		Address	(A)	19 P	
	F	Port Orange, FL 32127			711
		City/State and Zip Code			O
	himarc@ymail.com E-mail address: (to be used for fature annual report notification)				
For further information	n concerning this matter, please	call:			
,	Jule LaBosco	at (386) 3	41-7500		
Nam	e of Person	Area Code & Daytime			
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	S30.00 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**

(<u>Name of the Limite</u>	Himarc Automotive, LLC d Liability Company as it now appe A Florida Limited Liability Company	ears on our records.)	·
The Articles of Organization for this Limited I Florida document numberL0900007		August 13, 2009	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	ere:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli		A H	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)	ن را را را	\
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		7 3 A	
B. If amending the registered agent and registered agent and		our records, enter th	ne name of the ne
Name of New Registered Agent:	Jule LaBosco		
New Registered Office Address:	4360 South Ridgewood A	we	
	1	Enter Florida street addr	ess
	Port Orange	, Florida	32127
	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 **Type of Action** <u>Title</u> Name **Address** MGRM Jule Belden 137 Mallard Lane ☐ Add Daytona Beach, FL 32119 ✓ Remove MGRM Jule LaBosco 137 Mallard Lane ✓ Add Daytona Beach, FL 32119 ☐ Remove ☐ Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated HUGUST 2011 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00