

109000102758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

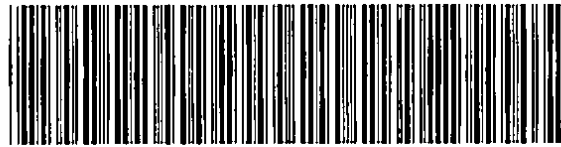
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100351880501

2020 OCT 14 PM 6:47

09/14/20--01018--013 **25.00

C.

OCT 24 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ken Adkins Honda/Acura 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:

Kathi L Jernigan

Name of Person

Ken Adkins Honda/Acura LLC

Firm/Company

550 NE 25th Ave

Address

Ocala, FL 34470

City/State and Zip Code

kjernigan@collierepas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathi L Jernigan

352 732-5601
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2020 SEP 14 AM 9:47

Ken Adkins Honda/Acura 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 10/23/2009 and assigned
Florida document number L09000102758.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

550 NE 25th Ave

(Principal office address MUST BE A STREET ADDRESS)

Ocala, FL 34470

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:

New Registered Office Address:

550 NE 25th Ave

Enter Florida street address

Ocala

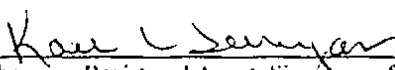
City

Florida 34470

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kenneth H Adkins	2307 SE 14th St	<input type="checkbox"/> Add
		Ocala, FL 3471	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sheryll A Goedert	550 NE 25th Ave	<input checked="" type="checkbox"/> Add
		Ocala, FL 34470	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Daryl L Collier	550 NE 25th Ave	<input type="checkbox"/> Add
		Ocala, FL 34470	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Kathi L Jernigan	550 NE 25th Ave	<input type="checkbox"/> Add
		Ocala, FL 34470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 Sat. 11: AM 9: 47

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 10 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00