

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DAVID E. HAMMER, P.A.
Account Number : I20090000099
Phone : (813) 274-4999
Fax Number : (800) 967-7340

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TALLAHASSEE, FLORIDA

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DAER AUTOMOTIVE, LLC

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Division of Corporations

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COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: DAER AUTOMOTIVE, 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:

DAVID E. HAMMER

Name of Person

DAVID E. HAMMER, P.A.

Firm/Company

264 CRYSTAL GROVE BLVD.

Address

LUTZ, FL 33548

City/State and Zip Code

NANCY@DAVIDHAMMERESQ.COM

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

For further information concerning this matter, please call:

DAVID E. HAMMER

Name of Person

at (**813**) **274-4999**
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

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

DAER AUTOMOTIVE, 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 10/26/2009 and assigned
Florida document number L09000103240

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)

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:

Enter Florida street address

City

Florida

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

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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:

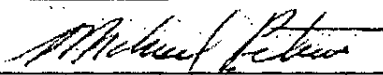
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SLAVINSKY, DAVID	28461 US HIGHWAY 19 N CLEARWATER, FL 33761	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SLAVINSKY, DAVID	28461 US HIGHWAY 19 N CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	PETERS, MICHAEL	28461 US HIGHWAY 19 N CLEARWATER, FL 33761	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated NOVEMBER 5, 2009


Signature of a member or authorized representative of a member

Michael Peters

Typed or printed name of signee

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Filing Fee: \$25.00

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