

LLD000029407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

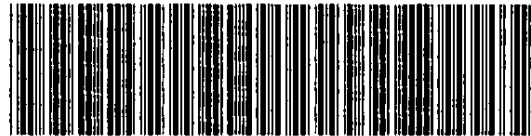
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700181592887

700181592887
07/01/10--01010--001 **25.00

T. CLINE

JUL - 2 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2919 JUL - 1 AM 10:35

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PLAN B AUTO SALES 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:

TALMADGE B MCLEAN

Name of Person

PLAN B AUTO SALES

Firm/Company

981 HWY 98E SUITE 3-256

Address

DESTIN, FL 32541

City/State and Zip Code

MCLEANBROCK@YAHOO.COM

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

For further information concerning this matter, please call:

TALMADGE BROCK MCLEAN

Name of Person

at (850) 687-9879

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
2010 JUL - 1 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PLAN B AUTO SALES 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 3/17/10 and assigned
Florida document number L10000029407.

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)

FILED
2010 JUL -1 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title	Name	Address	Type of Action
MGRM	HILARIO, ELIZABETH C	901 HWY 98E STE 3256 DESTIN, FL 32541	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HILARIO, CLAUDIA E	901 HWY 98E STE 3-256 DESTIN, FL 32541	<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)

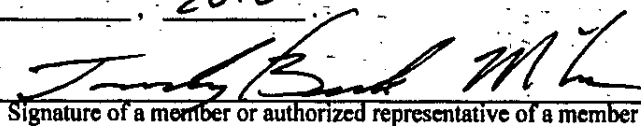
I ENTERED MY PARTNER'S NAME
INCORRECTLY, PLEASE AMMEND AS
SHOWN - THANKS!

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL - 1 AM 11:35

FILED

Dated JUNE 25, 2010



Signature of a member or authorized representative of a member

TALMADGE BROCK MCLEAN

Typed or printed name of signee