## L10000036125

| (Requestor's Name)                      |  |  |
|---|--|--|
|   |  |  |
| (Address)                               |  |  |
|   |  |  |
| (Address)                               |  |  |
| (Addless)                               |  |  |
|   |  |  |
| (City/State/Zip/Phone #)                |  |  |
|   |  |  |
| PICK-UP WAIT MAIL                       |  |  |
|   |  |  |
| (Business Entity Name)                  |  |  |
| (dusiness Entry Name)                   |  |  |
|   |  |  |
| (Document Number)                       |  |  |
|   |  |  |
| Certified Copies Certificates of Status |  |  |
|   |  |  |
|   |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

Office Use Only



800180208938

05/06/10--01032--025 \*\*25.00

FILED

10 MAY -6 PH 2: 22

SECRETARY OF STATE
SECRE

J. BRYAN

MAY - 7 2010

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: STUAR & AUTOMALL. LLC  Name of Limited Liability Company  Name of Limited Liability Company   |
| Trained Statement Company  |
|  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
|  |
| Please return all correspondence concerning this matter to the following:  |
| Edyvan Rodriguez   |
| Stuffet Aut O MALL. LLC Firm/Company   |
| Q1/7   |
| 793 NW 16th PL   |
| Address  |
| STUART FL 3 4999   |
| Stund Automall & FMII. Com  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Fdyvan Rodliguez at 305, 772 - 1520 Name of Person Area Code & Daytime Telephone Number  |
|  |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,   |
| Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (additional copy is enclosed)  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

| Stuart Autor   | pany as it now appears on our necords.)                             |
|--|---|
| (A Florida Limited   | d Liability Company)  |
| The Articles of Organization for this Limited Liability Compar<br>Florida document number <u>L10000036125</u>      | ny were filed on $O4/O2/10$ and assigned                            |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liz   | ability company here:   |
| The new name must be distinguishable and end with the words "Lin"L.L.C."   | mited Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |   |
| (Principal office address MUST BE A STREET ADDRESS)  |   |
|  | ARE AY  |
|  | SS -6 F   |
| Enter new mailing address, if applicable:  | m <sub>e</sub> m  |
| (Mailing address MAY BE A POST OFFICE BOX)   | FE S 2  |
|  | ATE 23  |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | office address on our records, enter the name of the nevere:        |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   |   |
| <del></del>  | Enter Florida street address  |
|  | , Florida   |
|  | 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 Title Title **Type of Action Address** ☐ Add Remove ☐ Add Remove Add Remove  $\square$ Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00