L10000079268

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10.AUG-3 AM II: 28
SECRETARY OF STATE
ALLAHASSEE, FLORID.

J. BRYAN

AUG -4 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Sully's A	uto Sales, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
		Sherry Crews		
		Name of Person		
	Si	ully's Auto Sales, LLC		39 6
		Firm/Company		LEG E
		PO Box 2264		TO AUG-3 AM 11: 28 TO AUG-3 AM 11: 28 TALLAHASSEE, FLORID
		Address		SECTION AND ADDRESS OF THE PERSON AND ADDRES
		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Ch	niefland, Florida 32644		22 22 24 25
		City/State and Zip Code		gm P
	cre	w5048@bellsouth.net		r
	E-mail address; (to be used for future annual report notifica-	ation)	
For further information	concerning this matter, please of	all:		
	Sherry Crews	at (_ <u>)</u>	35-5970	<u>-</u>
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 Certificate of Certified Co (additional)	of Status &

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

Sully's Auto Sales, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 07/28/10 The Articles of Organization for this Limited Liability Company were filed on ____ L10000079268 Florida document number 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) PO Box 2264 Enter new mailing address, if applicable: Chiefland, Florida 32644 (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 -

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Robert A Sullivan	PO Box 871 Trenton, Florida 32693	Add Remove
			Add Remove
	. -		Add Remove
4780			Add Remove
····			Add Remove
			AddRemove
D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if neces	sary.)
			10 AUG SECRET
Dated	July 30th	2010	-3 AMII: 29 ARY OF STATE SSEE. FLORIDA
	Signature of a	Sherry Crews Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00