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T. HAMPTON EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lockhalt Asto 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:
Lawlence Lockhart Name of Person
L'ocklait Asto Sals IIC Firm/Company
315 A S. Orange Blosson Trail ++
City/State and Zip Code Star to cus 1 (a gmall com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 616-2874 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additiona

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

Name of New Registered Agent:

New Registered Office Address:

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.

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

<u>Title</u>	Name	Address	Type of Action
MGRA	Kyle Simon Donathan Scott	507 Still faest terrale Soundard Fl 36771	Add Remove
<u></u>			Add Remove
			Add Remove
D. If amendin		(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE STATE OF CORPORATIONS 11 MAY 10 PH 12: 17
Dated <u>hay</u>		r authorized representative of a member	
_	Typed or	printed name of signee	<u>_</u>

Page 2 of 2

Filing Fee: \$25.00