

L10000 112020

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(Address)

(Address)

(City/State/Zip/Phone #)

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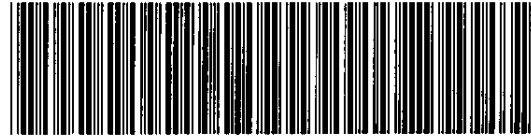
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

JUN 10 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & G 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:

Jacquien S. Collymore
Name of Person

J & G AUTO SALES, LLC
Firm/Company

557 Johns LANDING Way
Address

OAKLAND FL 34787
City/State and Zip Code

WWW.JACKIEWIZKID@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacquien S. Collymore at (646) 377-7633
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 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN -9 AM 11:31

J & G 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 October 26, 2010 and assigned
Florida document number L10000112020

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)

D19/D20
3804 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

JACQUIEN S. COLLYMORE
557 JOHNS LANDING WAY
OAKLAND FL 34787

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:

JACQUIEN S. COLLYMORE
3804 NORTH ORANGE BLOSSOM TRAIL #D19/D20
Enter Florida street address
ORLANDO, Florida 32804
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.

Jacquien S. Collymore
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JACQUIEN S. COLLYMORE	557 Johns Landingway OAKLAND FL 34787	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GODFREY E. FORDE	710 RAINFALL DR WINTER GARDEN FL 34787	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Philbert Collymore	710 RAINFALL DR WINTER GARDEN FL 34787	<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

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

I JACQUIEN S. COLLYMORE would like
GODFREY FORDE TO REMOVE FROM
THIS document. AND Add PHILBERT
COLLYMORE. Thank you very much.

Dated 6 / 6, 2011.

Jacquien S. Collymore
Signature of a member or authorized representative of a member

JACQUIEN SYMPHORIEN COLLYMORE
Typed or printed name of signee

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DIVISION OF CORPORATIONS