

LI 0000112020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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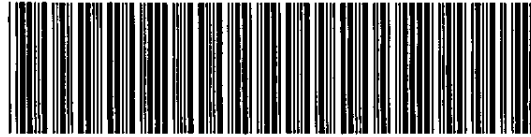
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
JUN 18 2012
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:

SHOWN SYMPHORIEN
Name of Person
J & G AUTO SALES LLC
Firm/Company
502 FIRST CAPE CORAL DRIVE,
Address
WINTER GARDEN FL. 34787
City/State and Zip Code
gbeautysupply9110@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GODFREY FORDE at (**347**) **408-6063**
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**

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 5/26/2012 and assigned
Florida document number L10000112020

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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: 3804 NORTH ORANGE BLOSSON TRAIL
(Principal office address MUST BE A STREET ADDRESS) ORLANDO, FL. 34787

Enter new mailing address, if applicable: 502 FIRST CAPE CORAL DRIVE
(Mailing address MAY BE A POST OFFICE BOX) WINTER GARDEN, 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: GODFREY FORDE

New Registered Office Address: 502 FIRST CAPE CORAL DRIVE

Enter Florida street address

WINTER GARDEN, Florida 34787
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GODFREY FORDE	502 CAPE CORAL DRIVE WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SHAWN SYMPHORIEN	502 CAPE CORAL DRIVE WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

I SHAWN SYMPHORIEN WOULD LIKE TO ADD GODFREY FORDE AS THE
MGR ON THIS DOCUMENT WHILE I MOVE TO MGRM POSITION.

Dated 06-13-2012

Godfrey Forde

Signature of a member or authorized representative of a member

GODFREY FORDE

Typed or printed name of signee