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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| 0.475-1.0-1-1-1 |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2013 MAR -4 MI II: 43

SECRETARY OF STATE
TALL/MRSSEE FLORIDA

N. Culligation MAR = 5 2013

COVER LETTER

TO: Registration Section
Division of Corporations

Duarte 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:

Karyna Duarte

Name of Person

Duarte Auto Sales LLC

Firm/Company

802 Dengar Avenue

Address

Haines City, FL 33844

City/State and Zip Code

karynan@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Savio Duarte

...407\744-1437

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fec

□\$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, FI. 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

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2019 HAR -4 AN II: 43
SECRETARY OF STATE

SECRETAIN OF STATE TALLARASSEE, FLORIDA

| Duarte Auto Sales LLC | | |
|---|--|-----------------------------|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | ny as it now appears on our records.) lability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on 12/27/2010 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and end with the words "Limi "L.L.C." | ted Liability Company," the designatio | n "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 802 Dengar Avenue Haines City, FL 33844 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | er the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | 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 <u>Title</u> <u>Name</u> **Address Type of Action** 802 Dengar Avenue Savio Duarte **MGRM** Haines City, FL 33844

| amending any other informatio | n, enter change(s) here: (Attach additional sheets, if necessary.) |
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| _ı February 20 | 2013 () |
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| | ture of a rhember or althorized representative of a member |
| Karyna Duarte | Typed or printed name of signee |
| | Typed VI printed halfie VI Signed |

Page 3 of 3

Filing Fee: \$25.00

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