

L11000001832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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DIVISION OF CORPORATIONS
11 JAN 11 AM 11:32

4.577

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: AZAK 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:

Halwyn Haldane
Name of Person

AZAK Auto Sales, LLC
Firm/Company

6146 NW Linger Lane
Address

Port Saint Lucie, FL 34986
City/State and Zip Code

1e1e9631@netzero.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Halwyn HALDANE at (772-985-2186)
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 JAN 11 AM 11:32

Azak 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 01-05-2011 and assigned Florida document number L11000001832

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 "LLC."

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)

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:

Halwyn Haldane

New Registered Office Address:

6146 NW Hinger Lane

Enter Florida street address

Port Saint Lucie, Florida 34986

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.

Halwyn Haldane
If Changing Registered Agent, Signature of New Registered Agent

577

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

Title	Name	Address	Type of Action
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mgrm	Halwyn Haldane	6146 NW GINGERDANE PORT SAINT LUCIE FL. 34986	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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mgrm	Joseph Clance	4142 SW TUSCOL ST. PORT SAINT LUCIE 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGRM	Mona Hendrix	6146 NW GINGERDANE PORT SAINT, FL. 34986	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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mgrm	Prince Thomson	6146 NW GINGERDANE (He's already listed) PORT SAINT LUCIE FL. 34986	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.)

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Dated _____

Halwyn Haldane
Signature of a member or authorized representative of a member

Halwyn Haldane
Typed or printed name of signee