

L11000019816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

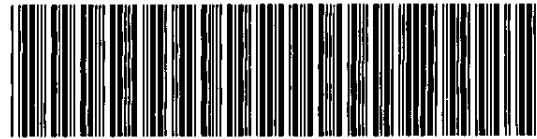
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400215479694

01/04/12--01001--012 **25.00

FILED
11 DEC 30 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 04 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOCAL MOTION 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:

Name of Person

LOCAL MOTION AUTO SALES LLC

Firm/Company

421 SMITH ROAD

Address

APALACHICOLA, FL 32320

City/State and Zip Code

andydurham@fairpoint.net

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

RECEIVED
TALLAHASSEE, FLORIDA

11 DEC 30 PM 12:42

FILED

For further information concerning this matter, please call:

James Durham

Name of Person

at (850)

653-5102

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**

LOCAL MOTION 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 2/15/11 and assigned
Florida document number 111000019816.

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)

LOCAL MOTION AUTO SALES, LLC

2108 CRAWFORDVILLE HWY

CRAWFORDVILLE, FL 32327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

2108 CRAWFORDVILLE HWY

Enter Florida street address

CRAWFORDVILLE

Florida

32327

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>
MGRM	WILLIAM G STINSON	74 COVINGTON CIRCLE CRAWFORDVILLE FL 32327	<input 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
			<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.)*

WILL STINSON IS CURRENTLY THE REGISTERED AGENT, WE ONLY NEED

TO CHANGE HIS MAILING ADDRESS AS SHOWN ABOVE.

ALSO NEED TO CHANGE PRINCIPAL OFFICE ADDRESS AS SHOWN ABOVE

Dated DECEMBER 30, 2011


Signature of a member or authorized representative of a member

WILLIAM G STINSON

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
11 DEC 30 PM 12:42
CLERK OF STATE
TALLAHASSEE, FLORIDA