

L11000028853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CORRECTION TO MGRM PER
CONVERSATION WITH LEAH MAJURE
4/4/2011 KS

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FILED
11 APR -1 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

APR 4 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Auto Innovations 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:

Leah Majure

(Name of Person)

Auto Innovations LLC.

(Firm/Company)

3900 Napoli Rd.

(Address)

Panama City FL, 32405

(City/State and Zip Code)

For further information concerning this matter, please call:

Leah Majure

(Name of Person)

at

850 630-1628

(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
11 APR -1 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Auto Innovations 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 March 08, 2011 and assigned
Florida document number L11000028853.

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)

2518 Hwy 77 suite c

Lynn Haven FL

32444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3900 Napoli Rd.

Panama City, FL 32405

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:

Leah Majure

New Registered Office Address:

2518 Hwy 77 suite C

(Enter Florida street address)

Lynn Haven

(City)

, Florida 32444

(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.

Leah Majure
(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	MICHAEL SULLIVAN	3900 NAPOLI RD PANAMA CITY, FL 32405	<input type="checkbox"/> Add <input checked="" 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.)*

I Leah Majure, will be sole owner/operator of Auto Innovations LLC. Conducting business at the address of 2518 Hwy 77 suite C, Lynn Haven FL, 32444

Dated March 31, 2011

Leah Majure
Signature of a member or authorized representative of a member
Leah Majure
Typed or printed name of signee