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EFFECTIVE DATE 05-01-14

B. BOSTICK
APR 3 0 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

RAS 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:

MARC FIXLER

Name of Person

MARC A FIXLER CPA PA

Firm/Company

1505 NW 159 AVENUE

Address

PEMBROKE PINES, FL 33028

City/State and Zip Code

fixcpa@aol.com

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

For further information concerning this matter, please call:

MARC FIXLER

954,000

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

RAS AUTO SALES LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L11000041013	were filed on 04/06/2011	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 "Limited Liab	oility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3100 NW BOCA RATON B	LVD ,
(Principal office address MUST BE A STREET ADDRESS)	STE 101 - 105	.: 62
	BOCA RATON, FL 33431	چوند نے محکم آب س
Enter new mailing address, if applicable:		2) F. 2) 2) 7
(Mailing address MAY BE A POST OFFICE BOX)	-	
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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u> Title</u>	<u>Name</u>	Address	Type of Action
 			
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The effective date must be specific, cannot be prior to	date of receipt or filed date and cannot be more than 90 days after ment of State)
the effective date must be specific, cannot be prior to the date this document is filed by the Florida Department Dated APRIL 24	date of receipt or filed date and cannot be more than 90 days after ment of State)

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Filing Fee: \$25.00