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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

O: Registration Section Division of Corporations
UBJECT: ADVANCE AUTO SAIES IIC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
BETTY SCUTT Name of Person
Firm/Company
1282 SW BITMORE ST UNITC
PORT ST LUCIEFL 34983 City/State and Zip Code
Pierescuπ Ocmail.com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person at (954) 668-7214 or 773-408- Area Code & Daytime Telephone Number
inclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee & Solution} \text{Solution} \text{Solution} \text{Filing Fee & Solution} \text{Solution} \text{Solution} \text{Filing Fee & Solution} \text{Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

`O:

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

ADVANCE AUTO SAIES 11C

(Name of the Limited	Liability Compan Florida Limited L	y as it now appears on (lability Company)	our record <u>s.</u>)		
The Articles of Organization for this Limited L		were filed on <u>6-</u>	13-2011	and assig	ned
his amendment is submitted to amend the foll	owing:				
a. If amending name, <u>enter the new name o</u>	f the limited liabi	lity company here:			
he new name must be distinguishable and end wi L.L.C."	th the words "Limit	ed Liability Company,"	the designation '	'LLC" or the ab	breviation
Enter new principal offices address, if applic	able:	1282 SW	BITTM	DRE ST	UNITC
Principal office address MUST BE A STREE	PORT-ST-	lucie, F	1 3493	13	
Enter new mailing address, if applicable:		4090 SW PORT ST L	BAILET	0 ST	
Mailing address MAY BE A POST OFFICE BOX)		PORT ST L	veir, Fl	34955	
3. If amending the registered agent and/egistered agent and/or the new registered of New Registered Agent:	ffice address here		ecords, <u>enter</u>	the name of 11 OCT	the new
		w Biltmor	E at u	ASA ASA O	
New Registered Office Address:	<u> </u>	Enter F	lorida street ad	11	THI CO
	PORT-	ST-LUCIE City	, Florida	SE 933	

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with he 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 reing 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.

f amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager r Managing Member being added or removed from our records:

AGR = Manager

AGRM = Managing Member Type of Action <u>Citle</u> **Name Address** MLR SEAW PIERRE MARC 10200 SW 21 ST MIRAMAR FI 33025 4 Remove ☐ Remove Remove ☐ Add Remove \square Add Remove _____Remove). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CAN YOU PIEAGE ADD BETTY SCUTT AS A MER AND MADDRESS IS 4080 SW BALLETO ST, PORT-ST-LUCIE <u>Fl 34953</u> nature of a member or authorized representative of a member BETTY SCUTT
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00