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EXAMINER

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SECRETARY OF STATE. TALLAHASSES FLORION

11 DEC 16 PH 2: 81

· COVER LËTTER

TO:	Registration Sec Division of Corp				f		
SUBJE	СТ:		od Auto Sales LLC				
		Name of Emi	med Elabinity Company				
The enc	losed Articles of A	amendment and fee(s) are su	bmitted for filing.				
Please r	eturn all correspon	dence concerning this matte	r to the following:				
			Hager Barnthouse				
			Name of Person		-		
	Englewood Auto Sales LLC						
			Firm/Company				
		·	274 Annapolis Lane Address				
		Ro	otonda West, FL 33947	7			
	City/State and Zip Code						
		E-mail address: (to be used for future annual repo	rt notification)			
For furth	ner information con	ncerning this matter, please of	eall:				
	Vicki Name of I	Barnthouse	at (941)	769-1466 Daytime Telephone Number			
	Tunio or j	CISON	Area couc te i	oayume receptione Numbe	•		
Enclosed	I is a check for the	following amount:					
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	te of Status &		
					*		

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

Englewood Au	to Sales LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears of ability Company)	on our records.)	
(
The Articles of Organization for this Limited Liability Company	were filed on	7/14/2011	and assigned
Florida document number L11000080863			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit-	ed Liability Company	" the designation "I I	C" or the abbreviation
"L.L.C."	out only company,	, and designation Di	or the aboreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			· · · · · · · · · · · · · · · · · · ·
THICIPUT OFFICE MALIESS MOST 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 offi	ce address on our	records, enter th	e name of the new
registered agent and/or the new registered office address here	1		
			Es i
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter .	Florida street addre	ssura. o
		, Florida	e in
	City	, FIOFIGE	Zin Gode !!
New Registered Agent's Signature, if changing Registered Agent:	•		建

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 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>	Address	Type of Action		
MB	Vicki Barnthouse	2565 S. McCall Rd Englewood, FL 34224	Add Ø Remove		
MGRM	Vicki Barnthouse	2565 S. McCall Rd Englewood, FL 34224	Add Remove		
			Add Remove		
			Add Remove		
			□Add □Remove		
			Add Remove		
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
			-		
-					
Dated	12/9/11		_		
-	Signature of a member of	¬ ••	. <u> </u>		
-	VICKI Typed or	PARNTHOU.SU printed name of signee			

Page 2 of 2

Filing Fee: \$25.00