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ALLAHASSEE, FINNE

D. BRUCE
FEB 21 2012
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Instant 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:	
Reba Sherrets Name of Person  Instant Auto Sales, LLC Firm/Company  1925 SW 18thct. Suite # /// Address  Ocala, FL. 3447/ City/State and Zip Code  Wife tiles @ @ an in Com	12 FEB
E-mail address: (to be used for future annual report notification)	20 M
For further information concerning this matter, please call:  Reba Sherre 15  Name of Person  at (352) 801-9600  Area Code & Daytime Telephone Number	ED  MIE: 17  OF STATE  OF LORIDA
(additional copy is enclosed) Certified C	g Fee, 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

Instant Auto	Sales, LLC	
( <b>Name of the Limited Liability C</b> (A Florida Li	Compan <b>√ as it now appears</b> mited Liability Company)	on our records.)
he Articles of Organization for this Limited Liability Co	mpany were filed on	August 9th 2011 and assigned
lorida document number <u>L110060 91540</u>		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here	<b>:</b>
he new name must be distinguishable and end with the word:  L.L.C."	s "Limited Liability Compan	y," the designation "LLC" or the abbreviation
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	2 mg
	<u> </u>	
·		HA GO TO
nter new mailing address, if applicable:		SSE
failing address MAY BE A POST OFFICE BOX)		The state of the s
		FS
. If amending the registered agent and/or register		er records, enter the name of the new
gistered agent and/or the new registered office addre	ss here:	
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Ente	r Florida street address
	- Cl	, 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 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

or Managing Member being added of removed from our records: MGR = Manager MGRM = Managing Member **Address** Title --- Type of Action Stephen C. Simonet Add Remove Add ☐ Remove Add Add ☐ Remove Add Remove  $\prod Add$ ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Thank You February 14th Signature of a member or authorized representative of a member Reba Sherrets
Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00