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B. BOSTICKMAY - 8 2012

COVER LETTER

Division of Corporations		
SUBJECT: St Pete Beach Auto Rental, LLC Name of Limited Liability Company		
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:		
Susan Henderson Name of Person	-	
Name of Person		
St Pete Beach Auto Rental, LLC Firm/Company		
Firm/Company		
7902 Sailboat Key Blyd. S. # 605		
Address		
South Pasadena FL 33707 City/State and Zip Code		
	12 H SEUF	_
Shenderson 44 @ fampabay, rr. com E-mail address: (to be used for future annual report notification)	HA.	
For further information concerning this matter, please call:	SSE -	d de la constante
Susan Henderson at (727) 657-1781 Name of Person Area Code & Daytime Telephone Number	12 HAY -4 PH 1:59 SEURLIARY OF SHATE RALLAHASSEE, FLURIDA	Ö
The control of the co		
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	ate of Status &	osed)

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

St. Pete Beach Auto Re	ntal LLC	
St. Pete Beach Auto Re. (Name of the Limited Liability Com (A Florida Limite	npany as it now appears on ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comparing the Comparison of the Line of Comparing the Line of the Comparison of th		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		12 Se Se
(Principal office address MUST BE A STREET ADDRESS)	DE AMERICA
		(7) 1 quantum
Enter new mailing address, if applicable:		₽% [™] U
(Mailing address MAY BE A POST OFFICE BOX)		DRIII
		9 A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I		records, enter the name of the new
New Registered Office Address:	Enter F	lorida street address
	Disc. 1	
	City	, Florida 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

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 **Title** <u>Address</u> **Type of Action** <u>Name</u> SUSAN E. Henderson 7902 Sailboat Key Blod. S. #605 X Add
South Pasadena, FL 33707 Remove MGRM Scott F Henderson MGRM _ Add Remove ☐ Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Scott F. Henderson

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee