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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Island Auto Wholesale 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:

Sholdon A Mccalla

Name of Person

Island Auto Wholesale LLC

Firm/Company

731 Interlake Dr

Address

Lakeland FL, 33801

City/State and Zip Code

Islandauto08@gmail.com

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

For further information concerning this matter, please call:

Sholdon A Mccalla

at (863) 409-1405

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

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Island Auto Wholesale LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida	a Limited Liability Company)	LURIDA
The Articles of Organization for this Limited Liability Florida document number <u>L11000119004</u>	Company were filed on October 18, 201	<i>t</i>
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the designation	on "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	•	·
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	· · · · · · · · · · · · · · · · · · ·	ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	t address
	, Florid	a Zip Code
N D 14 14 15 1 15 1 15 1 15 1 15 1 15 1 1	City	Zip Coae

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Rowan A Housen	1814 E main St	Add
	-	Lakeland FL, 33801	Remove
MGRM	Veron R Housen	520 Oakleaf Dr	Add
		Lakeland FL, 33801	Remove
		•	Add
	•	 	Remove
			Add
			Remove
			Add
			Remove
	*		Add
			Remove

L£ ämendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary	v.)
<u> </u>		
	<u> </u>	
- · · · ·		
ed Nove	ember, 08 2012	
_	Sheldon mccalle. Signature of a member or authorized representative of a member	<u></u>
	Sheldon A mccalla Typed or printed name of signes	

Page 3 of 3

Filing Fee: \$25.00