# #\_\_\_ 12000005867

| (Requestor's Name)                      |   |
|---|---|
| (Address)                               |   |
| (Address)                               |   |
| (City/State/Zip/Phone #)                |   |
| PICK-UP WAIT MAIL                       | • |
| (Business Entity Name)                  |   |
| (Document Number)                       |   |
| Certified Copies Certificates of Status |   |
| Special Instructions to Filing Officer: |   |
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Office Use Only



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13 JUL -1 PM 3: 04
SECRETARY OF STATE
AND ANASSEF FLORIDA

K. SALY EXAMINER

JUL - 2 2013



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2013

XCLUSIVE AUTO SALE LLC. STEVEN TELFORT 18950 NE 5TH AVE. MIAMI, FL 33162

SUBJECT: XCLUSIVE AUTO SALES LLC

Ref. Number: L12000005867

We have received your document for XCLUSIVE AUTO SALES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 113A00016121

Karen A Saly Regulatory Specialist II

www.sunbiz.org

TT: Karen Saly. COVER LETTER I alread Send a Check TO: **Registration Section** for this I called Division of Corporations And they told me I find out the worng from Thanks, The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: inance Services amail.com.
ress: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 834-9077.

Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

| , , ARTICLES OF O  | RGANIZATION FILED  |
|--|--|
| OI   | F 13.4π  |
| XCIUSIVE AUTO SC<br>(Name of the Limited Liability Companion (A Florida Limited L  | RGANIZATION  FILED  13 JUL -1 PM 3: 04  SECRETARY OF STATE iability Company) |
| The Articles of Organization for this Limited Liability Company  | • •  |
| Florida document number <u>L\200005867</u> .   |  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liabi   | ility company here:  |
| The new name must be distinguishable and end with the words "Limit "L.L.C."  | ted Liability Company," the designation "LLC" or the abbreviation            |
| Enter new principal offices address, if applicable:  | 18950 NESAVE   |
| (Principal office address MUST BE A STREET ADDRESS)  | Hiami F1 33179.  |
|  |  |
| Enter new mailing address, if applicable:  | 18950 NE 5 AVE   |
| (Mailing address MAY BE A POST OFFICE BOX)   | Miami F1 33179.  |
|  |  |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here |  |
|  |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
|  | Enter Florida street address   |
|  | Florida  |

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.

City

Zip Code

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

| <u> Fitle</u> | <u>Name</u> | Address     | <b>Type of Action</b> |
|---------------|-------------|-------------|-----------------------|
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| D. If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------|---|
|          | The zip Code needs to be Changed.   |
|          | and the mailing zip code to   |
|          | (18950 NE 5th Ave)  |
|          | (Miami FL '33179.")   |
|          | This is the correct one   |
| Dated    | 06/28/13. Both HAling & Principal.  |
|          | ANT ANT ANT AND   |
|          | Signature of a member or authorized representative of a member                                |
|          | Steven Telfort.   |
|          | Typed or printed name of signee   |
|          | Page 3 of 3   |
|          | Filing Fee: \$25.00   |