

LIR 0000202 57

(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:

Office Use Only



800262288358

10/03/14--01005--009 **25.00

RECEIVED
2014 OCT -3 PM 4: 51
CLERK OF STATE
TALLAHASSEE FLORIDA

OCT 08 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: classy one auto salesllc

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:

patrick laurent

Name of Person

classy one auto sales

Firm/Company

3804 north orange blossom trail unit# c20-21

Address

orlando fl32804

City/State and Zip Code

pouchon7120@gmail.com

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

For further information concerning this matter, please call:

patrick laurent

Name of Person

at 407 4355024

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

2014 OCT -3 PM 4:51
FILED
TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

classy one auto sales llc

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

The Articles of Organization for this Limited Liability Company were filed on 9-26-2014 and assigned
Florida document number 112000020257

EIN # 462556468

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3804 north orange blossom trail unit c 20-21
orlando fl 32804

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 605, 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

2014 OCT -3 PM 4:51
FILED
CLERK OF CIRCUIT COURT
JULIA S. STEIN
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGR	Patrick Laurent	3804 north orange blossom trail unit c 20-21 orlando fl 32804	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	-----------------	--	--

		3930 old winter garden rd orlando fl 32805	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
--	--	---	--

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

RECEIVED
FLORIDA
OCT 3 1200 PM
HALL COUNTY

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

please change my adress thanks

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

9-26-14

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 OCT -3 PM 4:51
CLERK OF STATE
TALLAHASSEE FLORIDA