

L12000025094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

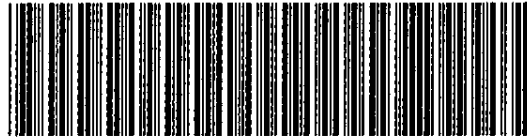
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 FEB 18 AM 8:46

C. LEWIS

FEB 19 2013

EXAMINER

**LAW OFFICES OF
CURTIS & ASSOCIATES, P.A.**

ATTORNEYS AT LAW
701 MARKET STREET, UNIT 109
SAINT AUGUSTINE, FLORIDA 32095

JESSICA@CURTISFIRM.COM

C. WILLIAM CURTIS III
JAIME COUNCIL
ROSE SHABO ALBERRE

PHONE: (904) 819-6959
FAX: (904) 819-6936

February 15, 2013

VIA FEDEX

Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

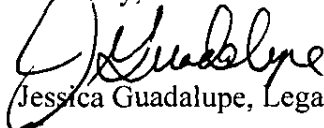
RE: Volkswagen of St. Augustine, LLC

To Whom It May Concern:

Enclosed please find check # 2251 in the amount of \$85.00 with the Articles of Amendment to Articles of Organization of Volkswagen of St. Augustine, LLC. Please file the enclosed Articles of Amendment and return a certified copy of the Articles of Amendment and a certified copy of the Articles of Organization to us in the enclosed Fedex return envelope.

Please contact our office if you have any questions. Thank you.

Sincerely,



Jessica Guadalupe, Legal Assistant

Enclosures

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Volkswagen of St. Augustine, 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:

C. William Curtis III

Name of Person

Law Offices of Curtis & Associates, PA

Firm/Company

701 Market St., Suite 109

Address

St. Augustine, FL 32095

City/State and Zip Code

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

For further information concerning this matter, please call:

C. William Curtis III

Name of Person

at (**904**) **819-6959**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 FEB 18 AM 8:46

Volkswagen of St. Augustine, 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 February 21, 2012 and assigned
Florida document number L12000025094.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

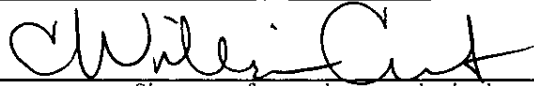
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Andrew DiFeo</u>	<u>336 Marshside Drive North</u>	<input checked="" type="checkbox"/> Add
		<u>St. Augustine, FL 32086</u>	<input type="checkbox"/> Remove
<u>Mgr</u>	<u>Samuel X DiFeo</u>	<u>140 Loggerhead Point</u>	<input checked="" type="checkbox"/> Add
		<u>Vero Beach, FL 32963</u>	<input type="checkbox"/> Remove
<u>Mgr</u>	<u>Joseph C. DiFeo Sr.</u>	<u>8 Half Moon Isle</u>	<input checked="" type="checkbox"/> Add
		<u>Jersey City, NJ 07305</u>	<input type="checkbox"/> Remove
<u>Mgrm</u>	<u>Andrew DiFeo</u>	<u>336 Marshside Drive North</u>	<input type="checkbox"/> Add
		<u>St. Augustine, FL 32086</u>	<input checked="" type="checkbox"/> Remove
<u>Mgrm</u>	<u>Samuel X DiFeo</u>	<u>140 Loggerhead Point</u>	<input type="checkbox"/> Add
		<u>Vero Beach, FL 32963</u>	<input checked="" type="checkbox"/> Remove
<u>Mgrm</u>	<u>Joseph C. DiFeo Sr.</u>	<u>8 Half Moon Isle</u>	<input type="checkbox"/> Add
		<u>Jersey City, NJ 07305</u>	<input checked="" type="checkbox"/> Remove

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

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Dated February 8, 2013



Signature of a member or authorized representative of a member

C. William Curtis III

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00