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SECRETARY OF STATE FLORIDA

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Elliot PAUL & Company Auctions LCC 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:
ELLIOT M. Paul Name of Person
ELLIOT PAUL & COMPANY Firm/Company
759 S. Ference Highway-Sucke 211
Stuart, FC 34994 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (772) 219-8448  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee U\$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is cnclosed)

### 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 2813 HAY 20 PM 2: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Zip Code

Elliot Paul & Company Ac	ictions LLC
Elliot Paul & Company A( (Name of the Limited Liability Company (A Florida Limited Liability)	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on $3/29/12$ and assigned
Florida document number <u>L/2000043428</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
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 offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
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

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
MGR	Justin L. Pay	759 S. FeDERAL Highway	-2// (Add
		Stuart, FL 34994	
		<del> </del>	
MGR	ELLIOT M. Paul	759 S. FeDERAL Highway-2	
		StuART, FL 34994	Remove
			Add
			Remove
			Add
		or date or discretized.	Remove
			Add
		···	Remove
		<del></del>	<del></del>
			Add
			Remove

If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	May 15 . 2013.
	Signature of a member of authorized representative of a member
	ELLIOT M. Paul mgR.  Typed or printed name of signce

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Filing Fee: \$25.00

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SECRETARY OF STATE
SECRETARY OF STATE