

L120000 78746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S. YOUNG

16 AUG -4 AM 11:03

FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ashton Auto Restoration, 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:

Tiffany D. Scott

Name of Person

Ashton Auto Restoration, LLC

Firm/Company

4452 Beacon Drive

Address

Sarasota, FL 34232

City/State and Zip Code

tiffanyscott777@gmail.com

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

For further information concerning this matter, please call:

Tiffany D. Scott

941 809-5591

at ()

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

16 AUG -14 PM 11:03
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Ashton Auto Restoration 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 June 13, 2012 and assigned
Florida document number L12000078746.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4456 Beacon Drive

Sarasota, FL 34232

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:

Tiffany D. Scott

New Registered Office Address:

4456 Beacon Drive

Enter Florida street address

Sarasota

, Florida 34232

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGRM	Seth Cantrell	5742 Oakton Court	<input type="checkbox"/> Add
		Sarasota, FL 34233	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Robert A. Becker	4816 Hanging Moss Lane	<input type="checkbox"/> Add
		Sarasota, FL 34238	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Robert C. Scott	4456 Beacon Drive	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34232	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Tiffany D. Scott	4456 Beacon Drive	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34232	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Aug 1, 2016

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Tiffany D. Scott

Typed or printed name of signee