

L12000088930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

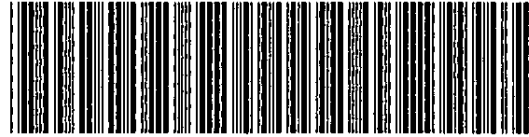
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B. KOHR

JUL 20 2012

EXAMINER



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07/16/12--01015--019 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 17 PM 4:13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SNOOK FAMILY AUTO MART LLC

Name of Corporation

DOCUMENT NUMBER: 200237236772

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NEAL B SNOOK

Name of Contact Person

SNOOK FAMILY AUTO MART LLC

Firm/Company

6839 NARCOOSSEE ROAD STE 45

Address

ORLANDO FLORIDA 32822

City/State and Zip Code

SNOOKTRADER@YAHOO.COM

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

For further information concerning this matter, please call:

NEAL SNOOK

Name of Contact Person

at (321) 231-1328

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 17 PM 4:13

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SNOOK FAMILY AUTO MART LLC

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

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DIVISION OF CORPORATIONS
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The Articles of Organization for this Limited Liability Company were filed on JULY 09, 2012 and assigned
Florida document number LI2000088930

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:

6839 NARCOOSSEE ROAD STE 45

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32822

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:

Neal B. Snook

New Registered Office Address:

12518 Lake Mary Jane Road

Enter Florida street address

Orlando

City

Florida

32832

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

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

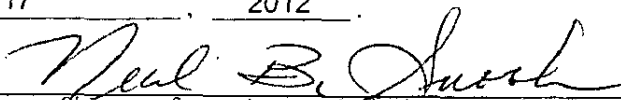
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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

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

Dated JULY 17, 2012



Signature of a member or authorized representative of a member

NEAL B. SNOOK

Typed or printed name of signee