

L12000139796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

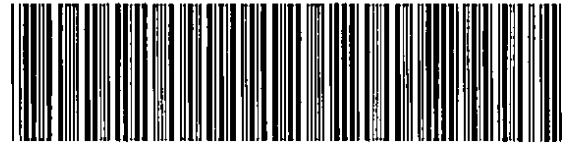
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4th

Office Use Only



600324263756

02/12/19--01005--029 **25.00

FILED

2019 MAR -4 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FL

LLC
Amend.

3/11/19

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2019

MIKE SHERMAN
7491 N. FEDERAL HIGHWAY
SUITE C5-152
BOCA RATON, FL 33487

SUBJECT: COUSINS USED AUTOS LLC
Ref. Number: L12000139796

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

OUR RECORDS REFLECT THAT THE LIMITED LIABILITY COMPANY WAS FILED WITH OUR OFFICE ON 11/15/2012. PLEASE CORRECT THE DOCUMENT ACCORDINGLY. ALSO, PLEASE HAVE MICHAEL SHERMAN SIGN THE LAST PAGE OF THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 519A00003479

RECEIVED
2019 MAR -4 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cousins Used Autos 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:

Mike Sherman

Name of Person

Cousins Used Auto LLC.

Firm/Company

7491 N Federal Highway
suite C5-152

Address

Boca Raton FL 33487

City/State and Zip Code

mshermanshow@aol.com

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

For further information concerning this matter, please call:

Michael Sherman

561
at ()

859 6900

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

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

FILED
2019 MAR -4 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FL

Cousins Used Autos 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 11/15/12 ~~February 4th 2019~~ and assigned
Florida document number L12000139796

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

LICAMARA, SANTO

7 NW 3rd Ave

Davie FL 33004-2837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

626 N.E. 20 Ln.
Boynton Beach, FL 33435

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:

Santo R. Licamara

New Registered Office Address:

626 N.E. 20 Ln.

Enter Florida street address

Boynton Beach

City

Florida

33435

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>
MNGR	Mike L. Sherman		<input type="checkbox"/> Add
		7491 N. FEDERAL HWY SUITE C5-152	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	<i>Santo R. Licamara</i>	LICAMARA, SANTO	<input checked="" type="checkbox"/> Add
		6756 BROOKHURST CIRCLE LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Remove
		<i>626 N.E. 20th LN, Boynton Beach, FL 33435</i>	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

January 4,th _____, 2019 _____

 Signature of a member or authorized representative of a member

Typed or printed name of signee