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SECRETARY OF STATE OF VISION OF CORPORATIONS

C. LEWIS

NOV 3 0 2012

EXAMINER

## **COVER LETTER**

TO: Registration Section
. Division of Corporations

4G CAR STORE, 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:

Peter J. Vasti, Esq.

Name of Person

DiVito & Higham, P.A.

Firm/Company

4514 Central Avenue

Address

St. Petersburg, FL 33711

City/State and Zip Code

pjv@divitohigham.com

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

For further information concerning this matter, please call:

Peter J. Vasti, Esq.

727 321-1201

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



2112 NOV 29 PM 1: 02

4G CAR STORE, LLC			
( <u>Name of the Limited</u>	I Liability Compai A Florida Limited L	ny as it now appears on o liability Company)	our records.)
The Articles of Organization for this Limited L		were filed on Noveml	per 16, 2012 and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
JOE FETT'S 4G CAR STORE, LLC			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company," t	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applie	cable:	Not Applicable	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		Not Applicable	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered of  Name of New Registered Agent:  New Registered Office Address:		<u>e</u> : able	
		Enter Fl	orida street address
		City	, Florida Zip Code
		Cuy	zip Coae

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title-	<u>Name</u>	Address	Type of Action
	Not Applicable		Add
			Remove
	-		Add
			Remove
			Add
			Remove
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			Remove

Dated November 27 2012	D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) File SECRETAR ONE	Y OF S	TATL RATIONS
Dated November 27	· —			
XATA	_			
XATA	  No	vember 27 / /2012 - /		
	Dated 110	ZA A A		
Signature of a metalter of autilibrized representative of a member  Peter J. Vasti, Esq.  Typed or printed name of signee			_	

Page 3 of 3

Filing Fee: \$25.00