412000151391

(Requ	uestor's Name)	
(Addi	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





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B. BOSTICK
FEB 1 3 2013
EXAMINER

Dept of State Div of Corp.

Enclosed, please find Amendment regarding Lea auto, LLC. The principal place of Buriness address has changed. Pleas update and Remit a Certificate of Status.

Enclosed, please find a money order in the amount of \$30.00 made payable to the Department of State.

Also enclosed, self-addressed paid

Fedex Return envelope for your Convenience

in expediting return.

TILED
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Respectfully PH 3:21

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561. 275. 1725

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUR IFCT.

LEA AUTÓ, 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:

Roland S. Salloum, Esquire

Name of Person

Rojas & Salloum, P.A.

Firm/Company

801 Northpoint PArkway, #121

Address

West Palm Beach, FL 33407

City/State and Zip Code

RSalloum@RojasSalloumLaw.com

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

For further information concerning this matter, please call:

Roland S. Salloum

Area Code & Daytime Telephone Number

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 ARTICLES OF ORGANIZATION **OF**

LEA AUTO, LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L12000151391	were filed on December, 4, 2012 and assign	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbr	eviation
Enter new principal offices address, if applicable:	1033 Silver Beach Road 云	
(Principal office address MUST BE A STREET ADDRESS)	Bay #16	
	Riviera Beach, FL 33404	
Enter new mailing address, if applicable:	1900 West Blue Heron Blvd: ♀ □	
(Mailing address MAY BE A POST OFFICE BOX)	Riviera Beach, FL 33404 💂 😕	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		<u>1e new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
•		<u> </u>	Add	
			Remove	
<u>.</u>			Add	
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			TALLAHASS	
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			Add	
			Remove	
			Add	

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
ed	2/08/2013/
	Signature of a member or authorized representative of a member Metri M. Salloum
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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