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L SAULSBERRY EXAMINER

FEB 2 2 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: JOHNOY'S AU Name of	UTO SALES Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (	Office Change and fee(s) are submitted fo	or filing.	
Please return all correspondence concerning	g this matter to the following:		
Name of Person  JOHNNY'S AUTO SALES  Firm/Company  1875 NONTH MONROE STREE  Address  TALLAHASSEE, FL 3038  City/State and Zip Code  JGTATO Q GMATL. 604  E-mail address: (to be used for future annual report)  For further information concerning this matter	O 3	2013 FEB 22 AM 9: 15  SELACIARY OF STATE TALLAMASSEELFI ORIGA	
JOHNUY GONZAUEZ  Name of Person	at ( \$50 ) 597 - 1141  Area Code & Daytime Telephone N	Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

■ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

\$25 Filing Fee

Enclosed is a check for the following amount:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHNNY'S ,4	UTO SALE	LLC.				
(Name of the Limited I	<mark>Liability Company</mark> Florida Limited Lia	as it now appears on bility Company)	our records.)	JAI J	2013	
The Articles of Organization for this Limited Lia	ıbility Company w			TALL A Hand a	s <b>ee</b> ned	
Florida document number <u>L1366601/4</u>				1.335° 10 A W	22 AH	
This amendment is submitted to amend the follow	wing:			ASSEF. FI BRID	9: 1	7.
A. If amending name, enter the new name of	the limited liabili	ty company here:		.> .>	Ŋ	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company,"	he designation "	LLC" or the	e abbrev	iatior
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREET	(ADDRESS)	1875-A N. TAWAHASSE	Mounos	87.		
		TAKA4.4352	i, FC 3.	)30 <u>3</u>		
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	SAUR	<u></u>			
B. If amending the registered agent and/o registered agent and/or the new registered off			ecords, <u>enter</u>	the name	of the	nev
Name of New Registered Agent:	JOHA	ind Conser	٤٧			
New Registered Office Address:	1875-1	N. HONREE  Enter F  LSSEE  City	ST Iorida street add	dress		_
	TAUAH	455/=£	Florida	323	50.3	
	(1,000)	City	, 1 101 108	Zip Co	de	

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 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		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	· · · · · · · · · · · · · · · · · · ·
	0.13
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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