

L13 000 01 3236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

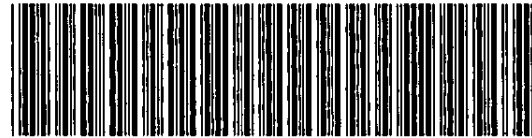
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100249319991

100249319991
07/01/13--01058--013 **43.75

FILED
2013 JUL 30 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 31 2013

T CLINE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2013

ANDREA BOGDAN
301 W PLATT AVE #388
TAMPA, FL 33606

SUBJECT: DEALER INTELLECT LLC
Ref. Number: L13000013236

We have received your document for DEALER INTELLECT LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 413A00016877

2013 JUL 30 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Dealer Intellect 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:

Andrea Bogdan

Name of Person

Dealer Intellect LLC

Firm/Company

301 W Platt Ave #388

Address

Tampa FL 33606

City/State and Zip Code

andrea@dealerintellect.com

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

For further information concerning this matter, please call:

Andrea Bogdan

Name of Person

at **813 205-9637**

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

2013 JUL 30 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Dealer Intellect 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 1/25/13 and assigned
Florida document number 13000013236.

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:

(Principal office address MUST BE A STREET ADDRESS)

FILED
2013 JUL 30 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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

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:

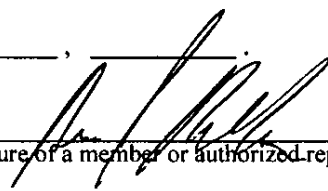
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	YFFCO Inc	3913 W Eden Roc Circle	<input type="checkbox"/> Add
		Tampa FL 33634	<input checked="" type="checkbox"/> Remove
MGR	Leftbrain LLC	3913 W Eden Roc Circle	<input checked="" type="checkbox"/> Add
		Tampa FL 33634	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2013 JUL 30 PM 1:03

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

Dated **7/26/13**



Signature of a member or authorized representative of a member

Andrea Bogdan

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 JUL 30 PM 1:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**