#4 13000041996

(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



000249399360

07/05/13--01005--023 **25.00

SECRETARY OF STATE

K. SALY EXAMINER

JUL -8 2013

COVER LETTER

Division of Corporations
SUBJECT: REQUENA'S AUTO SALES 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:
HAIDEE VALDERRAMA Name of Person
QUALITY Business Solutions LC Firm/Company
1229 PROVIDENCE BLUD STEG
DECTONA, FL 32725 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HAUDEE VALDERAMA at (386) 259 - 497/ Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status

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:

13 JUL -5 PM & 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA:
5.)

REQUENA'S ALES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

		312-112	
The Articles of Organization for this Limited Liabi		3/20/13	and assigned
Florida document number <u>L 130000 419</u>	<u>96</u> .		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company h	ere:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Com	pany." the designation	LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
			
	:		
Enter new mailing address, if applicable:			(E-10-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or	ranistared office address on	our records enter	the name of the new
registered agent and/or the new registered office		our records, enter	the name of the new
	•		
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street ad			dress
_		, 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> **Address Type of Action** 5775 MITCHELL ST MARIA G. URIBE MGR DELEON SPRINGS FL 32130 Remove Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
	PLEASE REMOVED MARIA G. URIBEAS			
	AMGR from the Corporation			
Dated _	July 1. 2013.			
	Signature of a momber or authorized representative of a member			
	ADOLF'S REQUENA Typed or printed name of signee			
	Page 3 of 3			
	Filing Fee: \$25.00			