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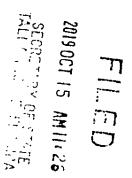
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	gistration Se vision of Cor			
eun wer		GULF COAST AUTO SALES	LLC	
SUBJECT:	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		MARTIN A AMARO		
		FLORIDA GULF COAST	Name of Person AUTO SALES	
		6008 24TH ST E	Firm/Company	
		BRADENTON FLORIDA	Address 34203	
		ALEXAMARO01@GMAII		
		E-mail address: ()	to be used for future annual report notifi	cation)
For further i	information co	oncerning this matter, please ca	all:	
MARTIN A	AMARO		941 929-3288 at ()	
	Name of	f Person		Telephone Number
Enclosed is	a check for th	e 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:

TO:

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

FLORIDA GULF COAST AUTO SALES	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L13000049951	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	Tr. S. D.
	High a Th
	tered office address on our records, enter the name of the-new
registered agent and/or the new registered office add	
	温] 口
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	Planta
	, Florida

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 605, 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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MARTIN A AMARO	2214 SEWARD DR SARSOTA FL 34234	Add
			· · · ·
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			Change
			□ Remove
			□ Change
			☐ Remove
			☐ Change
		- ,	O Add
			Remove
			Change

i	PLEASE ADD MARTIN A AMARO AS AMBR
1	PLEASE KEEP PAUL SOLARI AS MGR
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	10/10/2019
<u>ote:</u>	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
ated	

Page 3 of 3

Filing Fee: \$25.00