L13000049951

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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11/30/20--01015--018 **25.00

2020 NOV 30 AM 9: 41

A.-1/12/21

COVER LETTER

Div	ision of Cor	porations			
CUDIFOR	FLORIDA	GULF COAST AUTO SALES			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	I Articles of .	Amendment and fee(s) are sub	nitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		MARTIN A AMARO			
			Name of Person		
		FLORIDA GULF COAST	AUTO SALES		
			Firm/Company		
	2123 UNIVERSITY PKWY STE 101				
			Address		
		SARASOTA FLORIDA 3	1243		
			City/State and Zip Code		
		alexamaro01@gmail.com	o be used for future annual report not	ification)	
For further in	nformation co	oncerning this matter, please ca		Heationy	
Martin A Amaro		941 929-3288 at ()			
	Name o	l'Person		ne Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00 1	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr	ING ADDRESS: ation Section n of Corporations	STREET/COUR Registration Secti Division of Corpo	on	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA GULF COAST AUTO SALES	
(<u>Name of the Limited Liability Company as it r</u> (A Florida Limited Liability (now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi Florida document number L13000049951	led on 04/04/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	pany," the designation "LLC" or the abbreviation "LLC."
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Idress on our records, enter the name of the new
	Plorido

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde 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 SARASOTA FL. 34234	Add
			Remove
			Change
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an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.	PLEASE REMOVE MARTIN A	AMARO AS AMBR		
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Dated	The 90th day after the record	is filed.		
Dated				
	Dated	2020		
	//	//		
Signature of a member or authorized representative of a member				

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Filing Fee: \$25.00