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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

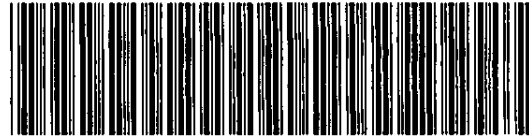
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 28 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Goshen 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:

Elisha M. Alexander
Name of Person

Goshen Auto Sales LLC.
Firm/Company

18810 NW 19th avenue
Address

Miami FL 33056
City/State and Zip Code

Goshen Auto Sales @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisha M. Alexander at 305-748-8385
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FL 32301

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Goshen Auto Sales" LLC

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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>
MGRM	Elisha M. Alexander	18810 NW 19 th Avenue	<input checked="" type="checkbox"/> Add
		Miami FL 33056	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

Dated May, 21 2013

Elisha M. Alexander

Signature of a member or authorized representative of a member

Elisha M. Alexander

Typed or printed name of signee

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Filing Fee: \$25.00

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