# 13000061105

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
, (D	ocument Number)	
Certified Copies	Certificates of	Status
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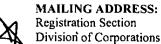
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## **COVER LETTER**

TO: Registration Secti Division of Corpo			•
SUBJECT:	shen Aut	Sales"LLC ed Liability Company	<u>-•</u>
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Elisha N	1. Alexander Name of Person	
	Goshen Ac	to Sales LLC	
	18810 NW 19	9th avenue	2013 TALL/
	Miami F	-L 33656 City/State and Zip Code	AHASSE
	Goshen Ac E-mail address: (10	to Sales @ GM  b be used for future annual report notification	AL.COMP 3
For further information cond	cerning this matter, please ca	all:	60 60 E
Elisha Name of Po	n. Alexando	r at ( 305 - 748 - ) Area Code & Daytime Te	8385 lephone Number
Enclosed is a check for the t	ollowing 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



Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on May 8,2013 Florida document number <u>L13000067705</u> 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) 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

### 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.

City

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBRM	Elisha M. Alexander	18810 NW 19th venue	Add
		Miami FL 33056	Remove
			Add
			Remove
			Add
		AL	SE Remove
	·	TALLAHA GET TOME	HAY 24 PAGE
		PRICE OF THE PRICE	Remove
			Add
			Remove
<del></del>	·		
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	essary.)		
Dated May, 21  Elisha M. Dokumber  Signature of a member or authorized representative of a member  Hexander  Typed or printed name of signee		_	
Page 3 of 3			
Filing Fee: \$25.00	SECRETARY OF STATE FALLAHASSEF, FLORID		Service of the servic