

L13000073545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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19 JUN 18 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUN 19 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PARADISE AUTOS OF SARASOTA 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:

JAMES JOHNSON

Name of Person

PARADISE AUTOS OF SARASOTA LLC

Firm/Company

4570 A SAMUEL STREET

Address

SARASOTA, FL 34233

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES JOHNSON

Name of Person

at (**941**) **586-6566**

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:

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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PARADISE AUTOS OF SARASOTA LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The Articles of Organization for this Limited Liability Company were filed on MAY 20, 2013 and assigned Florida document number L13000073545.

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

, 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

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TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	J&J CORPORATION OF SARASOTA INC.	2910 STONELAND LN SARASOTA, FL 34231	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JAMES JOHNSON	2910 STONELAND LN SARASOTA, FL 34231	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	NICHOLAS NINEY	3839 FERGUSON ST SARASOTA, FL 34233	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NICHOLAS NIMEY	3839 FERGUSON ST SARASOTA, FL 34233	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

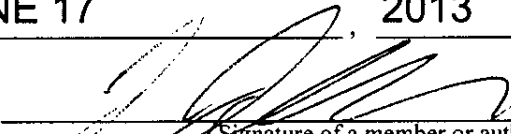
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated JUNE 17, 2013





Signature of a member or authorized representative of a member

JAMES JOHNSON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00