

L17 0000 90536

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(Address)

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PORGES, HAMLIN,  
KNOWLES & HAWK, P.A.

OF COUNSEL:  
ALAN H. PRATHER\*\*

March 17, 2014

*Via Certified Mail*

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

Re: Clewless Cars, LLC  
Articles of Amendment  
OFN: 11511-11

Dear Sir or Madame:

Enclosed please find the fully-executed Articles of Amendment for the above-referenced limited liability company. Also enclosed is a check for \$25.00 to provide payment for the filing fee. Please process the filing of the Articles as soon as possible.

If you have any questions, please do not hesitate to call me at 941.748.3770. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jason M. DePaola', written over the typed name and title.

Jason M. DePaola  
Firm Principal  
Email: [jmd@phkhlaw.com](mailto:jmd@phkhlaw.com)

JMD:jms  
Enclosures (2)

OFFICE ADDRESS  
1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205  
TEL: (941) 748-3770  
FAX: (941) 746-4160  
[www.phkhlaw.com](http://www.phkhlaw.com)

\*BOARD CERTIFIED REAL ESTATE LAWYER  
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LOCAL GOVERNMENT LAW  
+FLORIDA SUPREME COURT CERTIFIED  
CIRCUIT CIVIL AND APPELLATE MEDIATOR  
CERTIFIED ARBITRATOR  
ALSO ADMITTED IN GEORGIA  
++ALSO ADMITTED IN NEW YORK

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CLEWLESS CARS, LLC**

(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 JUNE 24, 2013 and assigned Florida document number L13000090536.

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 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.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BOKE HOLDINGS, LLC	1401 MANATEE AVENUE WEST, SUITE 600	<input type="checkbox"/> Add
		BRADENTON, FL 34205	<input checked="" type="checkbox"/> Remove
MGR	ROBERT W. KELLY	1401 MANATEE AVENUE WEST, SUITE 600	<input checked="" type="checkbox"/> Add
		BRADENTON, FL 34205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 12, 2014



Signature of a member or authorized representative of a member

**ROBERT W. KELLY, MANAGER**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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