

L13000116995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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B. BOSTICK

DEC - 3 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Auto Mobile Sales And Services 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:

Rudy Joseph
Name of Person

Firm/Company

1377 Salem Ct. Ste. C
Address

Tallahassee FL 32301
City/State and Zip Code

Rudy Joseph 305 @ Yahoo. Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rudy Joseph
Name of Person

at (305) 733-7055
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

SECRET
FLORIDA STATE
TALLAHASSEE, FLORIDA

13 DEC -3 PM 4:35

APPROVED
FILED

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

Automobile SALES AND SERVICES, 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 August 19, 2013 and assigned Florida document number L13000116995.

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," the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

137 Salem Ct STE. C
Tallahassee FL 32301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

137 Salem Ct STE. C
Tallahassee FL 32301

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:

137 Salem Ct STE. C

Enter Florida street address

Tallahassee
City

Florida 32301
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.

Rudolph Joseph

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Rudy Joseph	137 Salem Ct STE. C	<input type="checkbox"/> Add
		Tallahassee FL 32301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE
FLORIDA

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

Dated _____, _____.

Rudy Joseph
Signature of a member or authorized representative of a member

Rudy Joseph
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE
TALLAHASSEE, FLORIDA

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AND
FILED