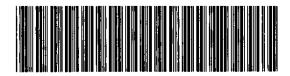
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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February 20, 2017

THOMAS NOTT 150 HARBORSIDE AVE, #204 PUNTA GORDA, FL 33950

SUBJECT: NAPLES CARS LLC Ref. Number: L13000125511

We have received your document for NAPLES CARS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 817A00003308

Octavia I Simmons Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Sect Division of Corpo		i j	, ;	` • [†]	
SUBJE	NAPLES CA	RS LLC	,		ŝ	
301312	C1:	Name of Li	mited Liability	Company		•
The enc	losed Articles of A	mendment and fee(s) are su	ıbmitted for f	iling.		
Please n	eturn all correspond	lence concerning this matte	er to the follo	wing:		
		Thomas A Nott				
			Name	of Person		
		NAPLES CARS LLC				,
			Firm/	Company (
		150 Harborside Ave #20-	4			
		· , , , , , , , , , , , , , , , , , , ,	A	idress		
		Punta Gorda Fl 33950				
			City/State	and Zip Cod	le	
		ynottcr@gmail.com				
	•	E-mail address:	(to be used for	future annu	al report notif	ication)
or furth	er information con	cerning this matter, please	call:			
Tom No			at (_		655-8271	
	Name 17		А	rea Code	Daytime	Telephone Number
Enclosed	is a check for the	following amount:				
□ \$25 .	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certi	0 Filing Fee fied Copy ional copy is e		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAPLES CARS LLC							
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now appears on our recordiability Company)	ds.)				
he Articles of Organization for this Limited I	Liability Company	were filed on September 5, 20	13	and assig	gned		
lorida document number L13000125511					•		
his amendment is submitted to amend the fol	lowing:						
. If amending name, enter the new name (of the limited liab	ility company here:	•				
TNOTT ENTERPRI	SES LL	د .					
he new name must be distinguishable and contain the	words "Limited Liabil		C" or the abbrev	iation "L.L.	.C."		
nter new principal offices address, if appli	cable:	150 Harborside Ave #204					
Principal office address MUST BE A STREI	ET ADDRESS)	Punta Gorda Fl 33950					
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	'ROX)	150 Harborside Ave #204	e e e e e e e e e e e e e e e e e e e	. 7			
<u> </u>	25043	Punta Gorda Fl 33950	1	芸	4 \$		
			**.	် ယ်	130		
. If amending the registered agent and	or registered of	ffice address on our record	ls, <u>enter the</u>	iname o	f the n		
egistered agent and/or the new registered o	ffice address her	<u>e</u> :	• !	့ ယှ	Var-page 18		
				် ဝ			
Name of New Registered Agent:			-	<u> </u>			
New Registered Office Address:	150 Harborside	Ave					
		Enter Florida street addre	55				
	Punta Gorda	, F	lorida <u>33950</u>				
		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	MGR = Manager AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
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			□ Remove				
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fective date, an effective date	if other than this listed, the date me imported in this	ne date of filing	g:	to date of filing (or more than 90	(optional) days after filing.)	Pursuant to 605.0	207 (3
	e inserted in this ctive date on the				iling requirem	ents, this date w	ili not be listed	as in
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Page 3 of 3

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