

L13 000 160078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

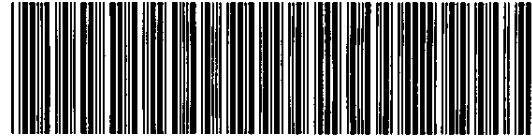
(Business Entity Name)

(Document Number)

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14 MAY -6 AM 11:07
SEC. OF STATE
TALLAHASSEE, FLORIDA

Shivers MAY 13 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REEF AUTO SALES 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:

RAUL QUIROGA

Name of Person

REEF AUTO SALES LLC

Firm/Company

2507 SW 4TH STREET

Address

BOYNTON BEACH, FL 33435

City/State and Zip Code

RQUIROGA617@GMAIL.COM

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

For further information concerning this matter, please call:

RAUL QUIROGA

at (**561**) **716-7278**

Name of Person

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

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

REEF AUTO SALES 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 NOVEMBER 13, 2013 and assigned
Florida document number L13000160078.

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:

Ericka Lynn Quiroga
2507 SW 4TH STREET
Enter Florida street address
BOYNTON BEACH, Florida 33435
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.

Ericka Lynn Quiroga
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

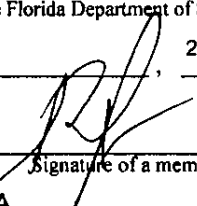
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MRGM	ERICKA LYNN QUIROGA	2507 4TH STREET	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL 33435	<input type="checkbox"/> Remove
AMBR	CHRISTA GEORGIA	2507 4TH STREET	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Remove
MGRM	CHRISTA GEORGIA	2507 4TH STREET	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH, FL 33435	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

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 APRIL 21, 2014



Signature of a member or authorized representative of a member
RAUL QUIROGA

Typed or printed name of signee

Florida *The Sunshine State*

DRIVER LICENSE CLASSIC
Q620-212-87-564-0

ERICKA LYNN QUIROGA
 2607 SW 4TH STREET
 BOYNTON BEACH, FL 33435-6781

DOB: 02-24-1987 SEX: F HGT: 5-07
 ISSUED: 03-03-2008
 EXPIRES: 02-24-2015

Edwin
 ORGAN DONOR
 PO208030303112 SAFE DRIVER
 Operation of a motor vehicle constitutes consent to any sobriety test required by law.

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 14 MAY -6 AM 11:07
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 TALLAHASSEE, FLORIDA