

L13000168165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

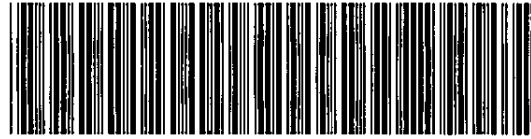
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 19 AM 11:16

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TO: Registration Section
Division of Corporations

SUBJECT: **E & G Auto Sales of Jax 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:

Emiljan Gavoci

Name of Person

E & G Auto Sales of Jax LLC

Firm/Company

10142 Delpoint Lane

Address

Jacksonville, FL 32246

City/State and Zip Code

GEMILJAN@YAHOO.COM

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Emilian Gavoci

Name of Person

at (**904**) **442-3278**

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

**TO
ARTICLES OF ORGANIZATION
OF**

E & G Auto Sales of Jax 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 12/15/2013 and assigned
Florida document number L13000168165.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

Emiljan Gavoci

New Registered Office Address:

Enter Florida street address

Jacksonville

City

Florida

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.

Emiljan Gavoci
If Changing Registered Agent, Signature of New Registered Agent

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>
<u>MGR</u>	<u>Xhoana Gavoci</u>	<u>9252 San Jose Blvd Apt 2703</u>	<input type="checkbox"/> Add
		<u>Jacksonville, Florida 32257</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Emiljan GAVOCI</u>	<u>10142 Delpointe Ln.</u>	<input checked="" type="checkbox"/> Add
		<u>JACKSONVILLE FL</u>	<input type="checkbox"/> Remove
		<u>32246</u>	
			<input type="checkbox"/> Add
			<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.)

The ~~only~~ correct name should be
Emiljan Gavoci Not Xhoana Gavoci

Thank you!

Dated February 15, 2014

Signature of a member or authorized representative of a member

Emiljan Gavoci

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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