L13000/70245

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(Requestor's Name)
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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJE	No Hassle Auto Sales, LLC			
Name of Limited Liability Company				
The en	closed Articles of Amendment and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Diane Roesemann			
	Name of Person			
	c/o FDR Contractors, Inc			
	Firm/Company			
	4362 SW Port Way			
	Address			
	Palm City, FL 34990	52		
	City/State and Zip Code	200		
	fdroesemann@gmail.com	2014		
	E-mail address: (to be used for future annual report notification)	30 A		
For fur	ther information concerning this matter, please call:	1 -4		
Dia	ane Roesemann at (772) 528-3416	AM 10: 24		
	Name of Person Area Code Daytime Telephone Number	24		
		** **		

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

No Hassle Auto Sales, LLC		
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records,) Diability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000170265</u> .	were filed on 12/10/13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
No Hassle Auto, LLC		
The new name must be distinguishable and end with the words "Limited Liab	nility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4362 SW Port Way	
(Principal office address MUST BE A STREET ADDRESS)	Suite B	
	Palm City, FL 34990	
Enter new mailing address, if applicable:		2014
(Mailing address MAY BE A POST OFFICE BOX)		3
		77 70
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		المنابع المنابع
		24
Name of New Registered Agent:		
New Registered Office Address:	B. El M. H.	
	Enter Florida street address	
	, Florida	Zip Code
	City	zip Coae

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add
			☐ Remove
			☐ Remove
			□ Remove
			12 A
			Remove
			□ Add
			Remove
	•		
		<u> </u>	Add
			□ Remove

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:
	Dated March 11, 2014
	Have from marin
	Signature of a member or authorized representative of a member
	Diane Roesemann, MGRM
	Typed or printed name of signee

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Filing Fee: \$25.00