

L1300 0171562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

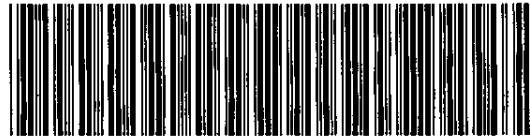
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900254771279

12/30/13--01021--006 \*\*25.00

2014 Jan 21 AM 1:15  
FILING OFFICE

B. BOSTICK

JAN 23 2014

EX-100

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Auto-matic 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:

Kashanda Jackson  
Name of Person

Auto-matic Auto Sales  
Firm/Company

8149 103rd St  
Address

Jacksonville, FL 32210  
City/State and Zip Code

Automaticauto@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kashanda Jackson at (904) 207-5948  
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**

Auto-matic 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 12-12-2013 and assigned  
Florida document number 413000971562

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:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

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 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>
MGR	Kashanda Jackson	8149 103rd St Jacksonville, FL 32210	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Frank Jackson	8149 103rd St Jacksonville, FL 32210	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Frank Jackson	8149 103rd St Jacksonville, FL 32210	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

---

---

---

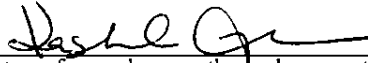
---

---

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 December 27, 2013.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Keshonda Jackson

\_\_\_\_\_  
Typed or printed name of signee

RECEIVED  
JAN 21 11:15  
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2014

KASHANDA JACKSON  
8149 103RD STREET  
JACKSONVILLE, FL 32210

SUBJECT: AUTO-MATIC AUTO SALES LLC  
Ref. Number: L13000171562

We have received your document for AUTO-MATIC AUTO SALES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 514A00000343

2014 JAN 21 AM 1:15  
FILED IN STATE 13000171562