

L13000172903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

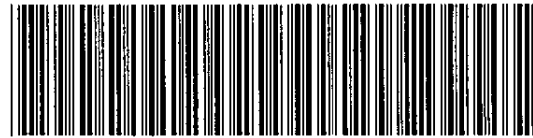
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
FILING OFFICE
ATLANTA

B. BOSTICK
AUG 22 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **AUTO TRUX.COM 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:

ALEJANDRA PINEDA

Name of Person

CARRIER SERVICES OF AMERICA

Firm/Company

2003 APALACHEE PARKWAY STE 108

Address

TALLAHASSEE, FL 32301

City/State and Zip Code

APINEDA@PREMIERAME.COM

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

For further information concerning this matter, please call:

ALEJANDRA PINEDA

Name of Person

850 942-7323

at ()
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 AUG 11 A 10:21

FILED

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

AUTO TRUX.COM 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 12/16/2013 and assigned
Florida document number L13000172903.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AUTOTRUX.COM LLC

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: CENGIZ SEZER

New Registered Office Address: 11300 LINBERGH BLVD, STE 103-304

Enter Florida street address

FORT MYERS, Florida 33913

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>
MGRM	CENGIZ SEZER	11300 LINBERGH BLVD	<input type="checkbox"/> Add
		STE 103-304	<input type="checkbox"/> Remove
		FORT MYERS, FL 33913	<i>Correction</i>
			<input type="checkbox"/> Add
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FILED
 AUG 11 A 10:20
 CLERK OF DISTRICT COURT
 STATE OF FLORIDA

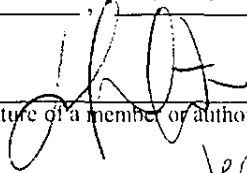
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 **AUGUST** **2014**

Signature of a member or authorized representative of a member



Jennifer Stoltzfus

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 AUG 11 A 10:21
CLERK OF STATE
OF FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2014

ALEJANDRA PINEDA
CARRIER SERVICES OF AMERICA
2003 APALACHEE PARKWAY, SUITE 108
TALLAHASSEE, FL 32301

SUBJECT: AUTOTRUX.COM LLC
Ref. Number: L13000172903

We have received your document for AUTOTRUX.COM 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):

This document was previously filed on August 6, 2014.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

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: 814A00017260

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DIVISION OF STATE
CORPORATIONS
FLORIDA

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