

L14000000951

(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



600274273396

07/01/15--01022--020 **55.00

FILED
15 JUL -1 PM 12:58
OFFICE OF STATE
TOLSON

EFFECTIVE DATE

7/1

JUL 02 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Saint Augustine Cars, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Rhys Slaughter
(Contact Person)

Saint Augustine Cars, LLC
(Firm/Company)

154 San Marco Ave
(Address)

St Augustine Florida 32084
(City/State and Zip Code)

For further information concerning this matter, please call:

Rhys Slaughter at (904) 825-3151
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
15 JUL -1 PM 12:50
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

TO
ARTICLES OF ORGANIZATION
OF

Saint Augustine Cars, 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 1/3/14 and assigned Florida document number 14000000951.

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 contain 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)

2575 US1 South

Ste 1A

St Augustine FL 32086

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:

Rhys Slaughter

New Registered Office Address:

2575 US1 South Ste 1A

Enter Florida street address

St Augustine

City

Florida

32086

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Farhad F. Ashdij	36 Marsh View Dr	<input type="checkbox"/> Add
		8t Augustine FL 32080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUL 1 1997
FBI - MIAMI

Lined area for document content.

E. Effective date, if other than the date of filing: 7/1/15 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

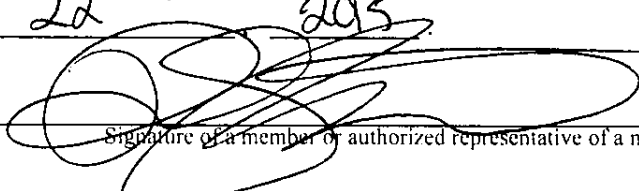
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

June 22nd 2015



Signature of a member or authorized representative of a member

Rhys Slaughter

Typed or printed name of signee

FILED
JUL - 1
PM 12:58
DEPT. OF STATE
RECEIVED