

# L 14000003630

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

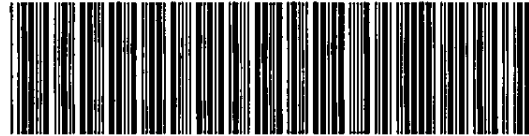
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200254909032

200254909032  
02/03/14--01046--003 \*\*25.00

FILED  
2014 FEB -3 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
FEB 10 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Auto Brokers of Florida, 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:

Vanessa Walantus  
Name of Person

Firm/Company

14560 s hwy 301 PO Box 952  
Address

Summerfield, FL 34491  
City/State and Zip Code

autobrokersofflorida@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Walantus at (305) 968-6000  
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

FILED  
2014 FEB -3 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**

3425 sw 74 ave  
Bldg C, Unit 2  
Ocala, FL 34474

**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>                      |
|--------------|---------------|-------------------|--------------------------------------------|
| Sec          | Robert McGhie | 2708 sw 177 ave   | <input type="checkbox"/> Add               |
|              |               | Miramar, FL 33029 | <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            |
|              |               |                   |                                            |
|              |               |                   | <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 January 22nd, 2014.

Vanessa Walantus

Signature of a member or authorized representative of a member

Vanessa Walantus

Typed or printed name of signee