

L140000009376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

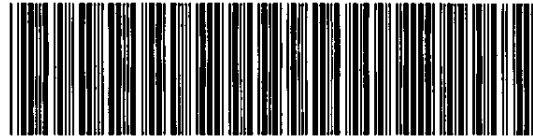
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMV OF FL, 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:

JONATHAN MONTEALEGRE

Name of Person

AMV OF FL, LLC.

Firm/Company

1110 PINE ISLAND ROAD, UNIT 37

Address

CAPE CORAL, FLORIDA, 33909

City/State and Zip Code

JONATHAN@AMVMOTORS.COM

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

For further information concerning this matter, please call:

JONATHAN MONTEALEGRE

Name of Person

at (239) 410-9323

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

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TALLAHASSEE, FLORIDA
REGISTRATION OF STATE

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

AMV OF FL, 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 01/17/2014 and assigned
Florida document number L14000009376.

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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CLERK OF STATE

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

Amending Authorized Persons Titles

Need to amend Becky Arce title from Authorized Representative (AR) to

Authorized Member (AMBR)

Need to amend Jonathan Montealegre title from Authorized Representative (AR)

to Authorized Member (AMBR)

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 March 12th 2014



Signature of a member or authorized representative of a member

Jonathan Montealegre

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AMV OF FL, LLC.

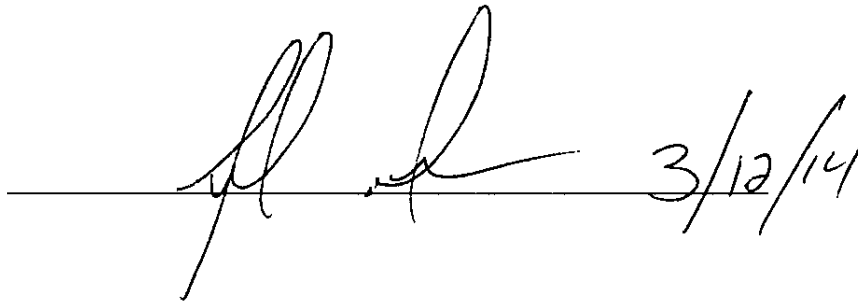
Document Number: L14000009376

We are requesting to amend the titles of both authorized persons on file to comply with Florida Department of Highway Safety and Motor Vehicles Independent Auto Dealer License.

We must amend the titles for both authorized persons as follows:

Becky Arce, Authorized Representative (AR) to Authorized Member (AMBR).

Jonathan Montealegre, Authorized Representative (AR) to Authorized Member (AMBR).

A handwritten signature, likely of Jonathan Montealegre, is written over a horizontal line. To the right of the signature, the date "3/12/14" is handwritten.

Jonathan Montealegre

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TALLAHASSEE, FLORIDA

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