

L14000017061

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : MASTERS, SMITH & WISBY, P.A.
Account Number : 110516003447
Phone : (904) 396-2202
Fax Number : (904) 398-1315

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ATLANTIC AUTO BROKERS SOUTHEAST, LLC**

Certificate of Status	0
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MAR 12 2014

T. BROWN

3/11/2014

Mar. 11. 2014 11:26AM

MSWCPA

No. 4191 P. 2/4
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ATLANTIC AUTO BROKERS SOUTHEAST, 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 JANUARY 30, 2014 and assigned
Florida document number L14000017061

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 "LLC."

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)

4480 DEERWOOD LAKE PARKWAY

UNIT 628

JACKSONVILLE, FL 32216

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:

JAMIE A. SMITH

New Registered Office Address:

10418 NEW BERLIN ROAD, UNIT 226

Enter Florida street address

JACKSONVILLE

Florida 32216

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

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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:

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MGR = Manager

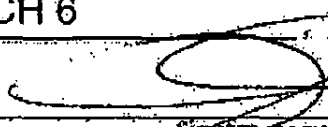
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAMIE SMITH	10418 NEW BERLIN RD	☐ Add
		UNIT 226	☒ Remove
		JACKSONVILLE, FL 32226 US	
MGRM	JAMIE A. SMITH	10418 NEW BERLIN RD	☒ Add
		UNIT 226	☐ Remove
		JACKSONVILLE, FL 32226 US	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ 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 **MARCH 6** **2014**



Signature of a member or authorized representative of a member
JAMIE A. SMITH
Typed or printed name of signer

SIGN HERE