

L14000026474

(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



400257084274

03/07/14--01007--008 \*\*25.00

FILED  
14 MAR -7 PM 4:06  
STORY OF STATE  
FALLAHASSEE, FLORIDA

MAR 10 2014

**T. BROWN**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Quicksilver Auto Sales, 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:

Scott Silver

Name of Person

Quicksilver Auto Sales, LLC

Firm/Company

18001 Old Cutler Rd #600

Address

Miami, FL 33157

City/State and Zip Code

ssilver@floridalegal.net

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

For further information concerning this matter, please call:

Scott A. Silver

Name of Person

at (305) 788-6164

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
14 MAR -7 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Page 1 of 3

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>
MGR	Jeremy Silver	C/O 18001 Old Cutler Rd # 600 Miami, FL 33157	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Juan Morales	C/O 18001 Old Cutler Rd # 600 Miami, FL 33157	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Scott Silver	C/O 18001 Old Cutler Rd # 600 Miami, FL 33157	<input type="checkbox"/> Add <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

**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 3/3, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Scott Silver  
\_\_\_\_\_  
Typed or printed name of signee