

L14 0000 42669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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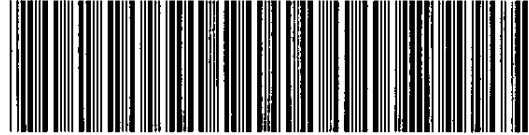
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 18 2015
J SHIVERS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: _____

Vestor Auto Lease, 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:

T.J. McNally
Name of Person

Vestor Auto Lease, LLC
Firm/Company

5824 Bee Ridge Rd #287
Address

Sarasota FL 34233
City/State and Zip Code

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

For further information concerning this matter, please call:

T.J. McNally at (941) 914-5220
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

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

Vestor Auto Lease, 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 _____ and assigned
Florida document number _____

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)

5824 Bee Ridge Rd #287
Sarasota, FL 34233

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5824 Bee Ridge Rd #287
Sarasota, FL 34233

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:

TJ McNally

New Registered Office Address:

5824 Bee Ridge Rd #287
Enter Florida street address

Sarasota
City

Florida

34233
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
<u>mGR</u>	<u>Michael Hernandez</u>	<u>1781 Old Summerwood Blvd</u>	<input type="checkbox"/> Add
		<u>Sarasota, FL 34232</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mGR</u>	<u>Jeffrey Hernandez</u>	<u>1732 Old Summerwood Blvd</u>	<input type="checkbox"/> Add
		<u>Sarasota, FL 34232</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John [unclear]		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mGR</u>	<u>T.J. McNally</u>	<u>5824 Bee Ridge Rd #207</u>	<input checked="" type="checkbox"/> Add
		<u>Sarasota, FL 34233</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Howard Modesto</u>	<u>1522 Dr. MARTIN LK 338</u>	<input checked="" type="checkbox"/> Add
		<u>Bronx, NY 10452</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mGR</u>	<u>Jason Clowers</u>	<u>16160 41st Ave NE</u>	<input checked="" type="checkbox"/> Add
		<u>Seattle, WA 98155-6726</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
JULY 11 2011
PHOTOGRAPHY

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)

(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 August 13th, 2015.

~~Signature of a member or authorized representative of a member~~

Typed or printed name of signer

Typed or printed name of signee