## L140000 75171

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K.SALY EXAMINER JUL - 6

## **COVER LETTER**

TO: Registration Se Division of Cor		,	
SUBJECT:	A-1 SALES, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	WILLS, P.	AUL E	
		Name of Person	
	A-1 SALE	S	
		Firm/Company	
	585 S. S	UNCOAST BLVD.	
		Address	
	HOMOSASS	A, FL 34448	
		City/State and Zip Code	*
		1c@aol.com	~
		to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
PAUL WILLS		at ( 352 ) 564-7200	)
Name of	f Person		e Telephone Number
Enclosed is a check for the	e following amount:		
(X \$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp;         Certified Copy         (additional copy is enclosed)</li> </ul>	© \$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

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A-1 SALES, L	LC	are an our moorde)	TARY
(A F	LC lability Company as it now appe lorida Limited Liability Company	) SOLIORI LECOLUST (VH)	ASSEE, FLORIE
The Articles of Organization for this Limited Liabil			and assigned
Florida document numberL14000075171			
This amendment is submitted to amend the followir	ng:		
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the	e designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable	<b>:</b>		·
(Principal office address MUST BE A STREET A	DDRESS)		
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	<u></u> .		
(Mailing address MAY BE A POST OFFICE BO)			
	<del>-</del>		<del></del>
B. If amending the registered agent and/or		on our records, <u>enter</u>	the name of the ne
registered agent and/or the new registered office	address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address .	
		. Florida	

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>	Address	Type of Action
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		INVERNESS FL 34452	χχ Remove
			☐ Change
MGR	WILLS, MARSHA A	4479 S. CAPECOVE LOOP	χίχ Add
		HOMOSASSA FL 34448	
			□ Change
4//			□ Add
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			TALLAHASSEE, FLORIDI
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