

**L14000079001**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H14000264378 3)))



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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES  
Account Number : I20030000112  
Phone : (239) 552-4100  
Fax Number : (239) 649-0158

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

Email Address: JLH@SWBCL.com

2014 NOV 13 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SLICK RIDE AUTO SPA AND TIRES LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

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FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

Nov. 13. 2014 9:48AM

No. 0653 P. 2/5

**COVER LETTER**

(((H14000264378 3)))

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Silck Ride Auto Spa and Tires 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:

Kevin Carmichael, Esq.

Name of Person

Slavatori, Wood, Buckel, Carmichael & Lottes

Firm/Company

9132 Strada Place, Fourth Floor

Address

Naples, FL 34108

City/State and Zip Code

jlh@swbcl.com

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

For further information concerning this matter, please call:

Kevin Carmichael

at (239) 552-4100

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

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Nov. 13. 2014 9:48AM

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

No. 0653 P. 3/5  
FILED  
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NOV 13 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Slick Ride Auto Spa and Tires 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 05/15/2014 and assigned  
Florida document number L14000079001

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

City

Florida

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>                      |
|--------------|------------------|-----------------------|--------------------------------------------|
| MGR          | Russel Patterson | 2470 Trade Center Way | <input type="checkbox"/> Add               |
|              |                  | Naples, FL 34109      | <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            |
|              |                  |                       |                                            |
|              |                  |                       | <input type="checkbox"/> Add               |
|              |                  |                       | <input type="checkbox"/> Remove            |
|              |                  |                       |                                            |
|              |                  |                       | <input type="checkbox"/> Add               |
|              |                  |                       | <input type="checkbox"/> Remove            |
|              |                  |                       |                                            |

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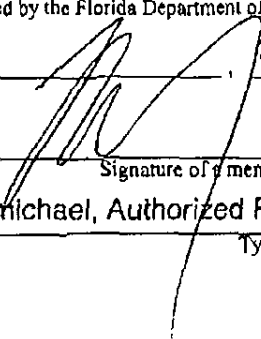
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 November 13 2014

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

Kevin Carmichael, Authorized Representative

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

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Filing Fee: \$25.00

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TALLAHASSEE, FL 32399

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