L14000097967

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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07/31/14--01016--012 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Midas North Bradenton, 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:
Steven Feig
. Name of Person
E & O Automotive, LLC
Firm/Company
4565 Clark Road
Address
Sarasota, FL 34233
City/State and Zip Code
stevenfeig@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven Feig863, 669-8172
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Midas North Bradenton, 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 June 18, 2014	and ass	signed
Florida document number L14000097963		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
6712 Manatee Avenue, LLC		
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)		
		<u></u>
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, or registered agent and/or the new registered office address here:	enter the name	of the ne
and the state of t	·	
Name of New Registered Agent:		
	5 to	:
New Registered Office Address: Enter Florida street address	1 - 4	
		:
, Flori	daZip Code	· · ·
On,	2.05	

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	Remove
			Add
٠			□ Remove
		<u> </u>	
			_ □ Add
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			Add
		·	□ Remove
			ar. av.
			□ Remove

(optional)
O days after

Page 3 of 3

Filing Fee: \$25.00