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COVER LETTER

Division of Corp	orations	h	
SUBJECT: Sout	Horn Pre- Name of Limit	Ouned Jehicle ted Liability Company	5, LCC.
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	idence concerning this matter to	o the following:	
	Byan	Campins Name of Person	•
	Southern	Pre-Owned U	enicles LCC
	217 Airpor	FRd. S. Address	·
	Naple	Sity/State and Zip Code	4
	E-mail address: (to	mpins @ Ho+m/	ail. com
For further information co	ncerning this matter, please cal	11:	
Danya	Campins	at (239) 285— Area Code Daytime	0605 Telephone Number
Enclosed is a check for the \$25.00 Filing Fee	e following amount: \$\sim\$ \$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:

TO:

Registration Section

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

Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/4000/01224</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility 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)	217 Airport Ro Naples FL 341	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	217 Airport Ro Naples, FC 34	1.5.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		2
New Registered Office Address:	Enter Florida street address	
	, 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

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>:

MGR = Manager

AMBR = Authorized Member **Title** Name **Address Type of Action** Ryan Campins 73 Burnt Pine Dr KAdd Naples, FC 34119 AMBR Danya Campins 73 Burnt Pine Dr XAdd

Naplus, FC 34/17

Remove ☐ Remove ☐ Add ☐ Add □ Add ☐ Remove

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The effection the date the	e date must be specific s document is filed by	e, cannot be prior to	o date of receipt or filed date and cannot ment of State)	
The effective	e date must be specific s document is filed by	c, cannot be prior to the Florida Depart	o date of receipt or filed date and cannot ment of State)	be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00