

**L14000125769**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

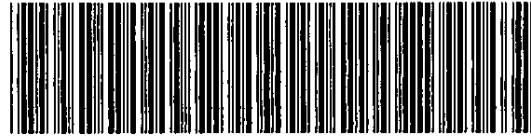
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/21/17--01015--006 \*\*60.00

**FILED**

**17 APR 21 AM 9:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**S Warren**

**APR 24 2017**

4/20/2017

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Dear Sir:

We mistakenly changed the name of the LLC last week  
From Big Boy Rides LLC to Legendary Automotive LLC.

What we really wanted to do was to continue Big Boy Rides  
As the legal business name, but use a DBA of Legendary  
Automotive. We didn't know how to register a DBA.

Please change the name of this LLC back to Big Boy Rides, LLC.

Sorry for the mistake, could you waive the fees on this?

We will then file for a DBA of Legendary Automotive.

Thank you,

John Dolnier  
5851 NE 14<sup>th</sup> Terrace  
Ft. Lauderdale, Fl. 33334  
954-702-4969  
jdolnier@gmail.com

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Legendary Automotive (to be retitled back to Big Boy Rides, 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:

John Dolnier

Name of Person

Big Boy Rides

Firm/Company

5851 NE 14th Terrace

Address

Ft. Lauderdale, Florida 33334

City/State and Zip Code

jdolnier@gmail.com

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

For further information concerning this matter, please call:

John Dolnier

954 702-4969  
at ( )

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**

*Legendary Automotive 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 April 4, 2017 and assigned  
Florida document number L14000125769

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Big Boy Rides, LLC

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:**

4303 North Andrews Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Oakland Park, Fl. 33309

**Enter new mailing address, if applicable:**

5851 NE 14th Terrace

**(Mailing address MAY BE A POST OFFICE BOX)**

Ft. Lauderdale, Fl. 33334

**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:

no change

New Registered Office Address:

Enter Florida street address

Florida

City

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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TALLAHASSEE, FLORIDA



**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)

(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 April 20th, 2017

Signature of a member or authorized representative of a member

J-hn Dolnik

Typed or printed name of signee

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17 APR 21 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA