

L1400014763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

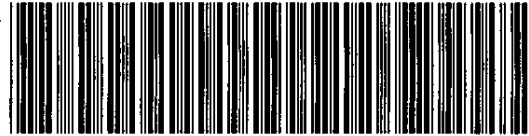
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300265948763

10/31/14--01021--006 **30.00

FILED
14 OCT 31 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REV - 4 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 441 Auto Sales L.L.C.

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:

Carrie Halvorson

Name of Person

441 Auto Sales L.L.C.

Firm/Company

4480 49TH ST N

Address

Saint Petersburg, FL 33709-5530

City/State and Zip Code

Carrie-71@live.com

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

For further information concerning this matter, please call:

Carrie Halvorson

352 812-1880

Name of Person

at (_____) _____
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**

441 Auto Sales L.L.C.

(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 09/19/2014

Florida document number L14000147831

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:

4480 49th St N

(Principal office address MUST BE A STREET ADDRESS)

Saint Petersburg, FL

33709-5530

Enter new mailing address, if applicable:

4480 49th st N

(Mailing address MAY BE A POST OFFICE BOX)

Saint Petersburg, FL

33709-5530

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:

CARRIE HALVORSON

New Registered Office Address:

11201 142nd st

Enter Florida street address

largo

City

Florida 33774

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.


Carrie Halvorson
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

FILED
14 OCT 31 AM 11:48
Add Remote
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

WE ARE AMENDING CHANGES TO 441 AUTO SALES NEW ADDRESS

4480 49TH ST. N Saint Petersburg, FI 33709-5530

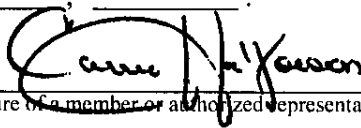
WE ARE AMENDING CHANGES TO registered agent new address

Carrie Halvorson 11201 142nd st Largo FI 33774

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 10/27/2014



Signature of a member or authorized representative of a member

Carrie Halvorson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT 31 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA