

L14000166963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

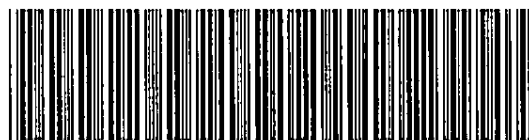
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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01/17/18--01018--002 **25.00

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JAN 16 2018

18 FEB -5 PM 2:31
JAN 16 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2018

KENY NOREUS
678 NW 112 ST
MIAMI, FL 33168

SUBJECT: STEEVE AUTO SALES LLC
Ref. Number: L14000166963

We have received your document for STEEVE AUTO SALES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 718A00001079

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FEB 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steve Auto Sales 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:

Kenny Moreus
Name of Person

Steve Auto Sales LLC
Firm/Company

678 NW 112 ST
Address

Miami FL 33168
City/State and Zip Code

gentles7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Charles at (954) 856-7232
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

STEVE AUTO SALES

(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 _____ and assigned
Florida document number L14000166963.

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 contain 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)

1901 NW 184 ST
MIAMI FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1901 NW 184 ST
MIAMI GARDEN
FLORIDA 33056

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:

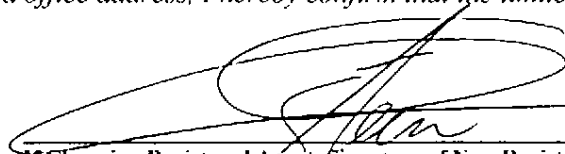
Name of New Registered Agent:

New Registered Office Address:

1901 NW 184 ST
Enter Florida street address
MIAMI, Florida FL 33056
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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KONY NOREUS	x 13370 WEST HAV	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10 FEB - 5 PM
J. L. A. 1955
J. L. A. 1955

FILED
18 FEB -5 PM 2:37
FBI - MEMPHIS

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.

Dated _____,

Signature of a member or authorized representative of a member

Charles Steele
Typed or printed name of signee