## L1400075702

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## **COVER LETTER**

TO: Registration Sec Division of Cor					
	Autos of Florida, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Curt Skinner				
		Name of Person			
	Ultimate Autos of Fl	orida, LLC			
		Firm/Company			
	11822 Nicklaus Circ	le			
		Address			
	Tampa, FL 33624				
		City/State and Zip Code			
	ultimateautos@veriz		<u> </u>		
	E-mail address: (	to be used for future annual report notificat	ion)	201	
For further information co	oncerning this matter, please c	all:	19 j., 19 j.	2014 DEC	77
Lisa Holland		813 789-6427	#일 생활 생활	9 3	Section 2
Name of	f Person	Area Code Daytime Te	lephone Number	AH	
			S		
Enclosed is a check for th	ne following amount:			7: 57	E SHAMES.
■ \$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

Ultimate Autos of Florida, LLC		
(Name of the Limited Liabi	ility Company as it now appears on our records.) da Limited Liability Company)	1
The Articles of Organization for this Limited Liability Florida document number L14000175702  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the lim	Company were filed on 11/12/2014	and assigned
The new name must be distinguishable and end with the words "I Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADD	· 	bbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	·	the name of the new
Name of New Registered Agent:		- System
New Registered Office Address:	Enter Florida street address	FF SI
	, Florida	· 当 5
	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 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 <u>Title</u> <u>Name</u> **Type of Action** Address Curt Skinner MGR 11822 Nicklaus Circle ■ Add Tampa, FL 33624 \_\_□ Remove □ Add ☐ Remove □ Add \_\_\_\_\_ Remove □ Add □ Remove ESE ESE ESE □ Removes \_□ Add ☐ Remove

		iaitional sneets, if necessary.)
he date this document is filed by the Floric	ate of filing:	(optional) nnot be more than 90 days after
ated December 10	2014	
Carried States	•	
Contract of the Contract of th	2014 gnature of a member or authorized represen	tative of a member
Dated December 10 Signature Signatur	•	tative of a member

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Filing Fee: \$25.00