

L14 600178146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

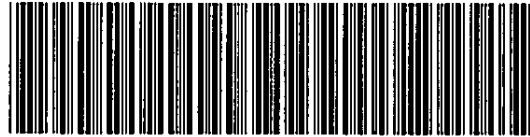
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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOBAINA'S 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:

NOLVIS LOBAINA

Name of Person

LOBAINA AUTO SALES, LLC

Firm/Company

2117 45TH SW

Address

NAPLES, FL 34116

City/State and Zip Code

nolvislg77@yahoo.com

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

For further information concerning this matter, please call:

NOLVIS LOBAINA

at 239 269-6947

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

LOBAINA'S AUTO SALES, LLC

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**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

☐ Add  
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Remove  
SECRETARY OF STATE  
ITALY HASSELT:FLORIDA  
A  
☐ Remove

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

PLEASE CORRECT THE NAME OF THE ARTICLE I

LOBAINA'S AUTO SALES, LLC FOR THE NEW NAME

LOBAINA AUTO SALES, LLC

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 NOVEMBER 18, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

NOLVIS LOBAINA

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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