

L14000/88869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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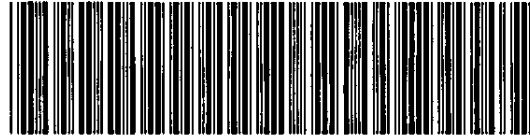
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB 10

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PLANET AUTO RECYCLERS 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:

ELLEN SCHECHTER, ESQ.

Name of Person

FOGEL LAW GROUP

Firm/Company

2500 N MILITARY TRAIL, SUITE 200

Address

BOCA RATON, FL 33431

City/State and Zip Code

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

For further information concerning this matter, please call:

ELLEN SCHECHTER, ESQ.

561
at ()

393-9111, EXT. 8202

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**

PLANET AUTO RECYCLERS LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/10/2014 and assigned Florida document number L14000188869.

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 "LLC."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

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

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>
AMBR	GOBERDHAN, ANDREW	2858 EAGLES LANDING TRAIL	<input type="checkbox"/> Add
		OCOEE, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GOBERDHAN, RYAN	2858 EAGLES LANDING TRAIL	<input type="checkbox"/> Add
		OCOEE, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	GOBERDHAN, BHABHISAN	2858 EAGLES LANDING TRAIL	<input type="checkbox"/> Add
		OCOEE, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GOBERDHAN, BHABHISAN	3011 WESTYN COVE LANE	<input checked="" type="checkbox"/> Add
		OCOEE, FL 34761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2016 FEB - 10 PM 5:55
CLERK OF CIRCUIT
JAIL HASSETT, FLORIDA

2016 FEB -9 11
SULLY JAIL OF FLORIDA
TALLAHASSEE

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 January 30, 2016

Typed or printed name of signee