

U500018921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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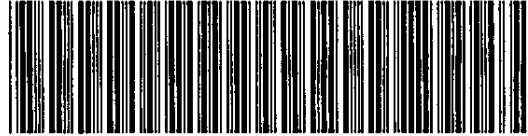
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 24 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northeast Florida Autos, 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:

Ross Alan Jackson III
Name of Person

Northeast Florida Autos, LLC
Firm/Company

6295 F Powers Avenue
Address

Jacksonville / FLORIDA 32217
City/State and Zip Code

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

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For further information concerning this matter, please call:

Ross Jackson at (904) 505-7242
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**

NORTHEAST FLORIDA AUTOS, LLC

(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 02/02/2015 and assigned Florida document number 215000018921

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

Ross Alan Jackson III

New Registered Office Address:

6295 F Powers Avenue

Enter Florida street address

Jacksonville

City

Florida

32217

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	JASON L ROBBINS	8180 Hot Springs Dr S	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32244	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ross Alan Jackson III	6295 F Powers Avenue	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32217	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Please add Ross Alan Jackson III as a
manager to the business. Also keep Jason
Robbins as a manager too

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 11-20 - 2015


Signature of a member or authorized representative of a member

ROSS ALAN JACKSON III
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Limited Liability Company**

NORTHEAST FLORIDA AUTOS, LLC

Filing Information

Document Number L15000018921
FEI/EIN Number NONE
Date Filed 02/02/2015
State FL
Status ACTIVE

Principal Address

6295 F POWERS AVENUE
JACKSONVILLE, FL 32217

Mailing Address

6295 F POWERS AVENUE
JACKSONVILLE, FL 32217

Registered Agent Name & Address

ROBBINS, JASON L
8180 HOT SPRINGS DR. SOUTH
JACKSONVILLE, FL 32244

Authorized Person(s) Detail**Name & Address**

Title MGR

ROBBINS, JASON L
8180 HOT SPRINGS DR. SOUTH
JACKSONVILLE, FL 32244

Annual Reports**No Annual Reports Filed****Document Images**

02/02/2015 -- Florida Limited Liability

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