## L15000024467

(R	equestor's Name)	
(A	ddress)	<b></b>
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	(Business Entity Name)  (Document Number)  Certificates of Status	
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		:
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)		

Office Use Only



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15 MAY 11 AN IO: On

SECRETARY OF STATE AND ANASSES STORE

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IMAY 15 2015 J. HARRIS

## **COVER LETTER**

	Registration Se Division of Cor				
SUBJECT		ed Auto of Jacksonville LLC			
SUBJEC		Name of Lim	ited Liability Company		
The enclose	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	um all correspo	ndence concerning this matter	to the following:		
		Melvin Mallety III			
		· · · · · · · · · · · · · · · · · · ·	Name of Person	<del> </del>	
		Mallety Used Auto of Jack	sonville LLC		
Firm/Company					
		6			
Address					
		Jacksonville, FL 32277			
		melvinmallety904@gmail.c			
		E-mail address: (	to be used for future annual report notifi	cation)	
For furthe	r information co	oncerning this matter, please ca	all:		
Melvin M	<u> </u>		425 268-9675 at ()	Telephone Number	
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed i	s a check for th	e 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



May 5, 2015

MELVIN MALLETY III 3041 DOLLY STREET, UNIT 5 JACKSONVILLE, FL 32218

SUBJECT: MALLETY USED AUTO OF JACKSONVILLE LLC

Ref. Number: L15000026467

We have received your document for MALLETY USED AUTO OF JACKSONVILLE 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)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris Regulatory Specialist II

Letter Number: 015A00009266

2015 MAY I I AM 7: 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mallety Used Auto of Jacksonville LLC

(Name of the Limited Li	ability Compan orida Limited Li	y as it now appears on our ability Company)	records.)	·	
The Articles of Organization for this Limited Liabili  Torida document number L15000026467	ty Company v	were filed on 2/11/15		and assig	med
his amendment is submitted to amend the following	g:				
a. If amending name, enter the new name of the	limited liabil	ity company here:			
he new name must be distinguishable and contain the words	"Limited Liabilit	ty Company," the designation	"LLC" or the abb	reviation "L.L.	C."
Inter new principal offices address, if applicable	:	3041 Dolly Street Unit 5	Ï	20	
Principal office address MUST BE A STREET AI	DDRESS)	Jacksonville, FL 32218		100 K	·-V
				· ·	i same
			(	750 <u>—</u>	20 S MAY A 4 7 1
nter new mailing address, if applicable:					
Agiling address MAY BE A POST OFFICE BOX			I.	SH :	+ w <sup>-1</sup>
	•				
s. If amending the registered agent and/or r egistered agent and/or the new registered office			cords, <u>enter (</u>	the name o	f the n
Name of New Registered Agent:	lelvin Mallety	III			
New Registered Office Address: 79	920 Merrill Roa				
		Enter Florida street	address		
Ja	icksonville		_, Florida <u></u>	77	
		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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Melvin Mallety III	7920 Merrill Road Unit 516 Jacksor VILLE, 327	277 □ Add
			☐ Remove
			Change
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fective date, if	other than the dat	e of filing:		(optional)	)	
n effective date is	listed, the date must be s	specific and cannot be	prior to date of filing or mor	e than 90 days after filing	g.) Pursuant to 605	5.020
	inserted in this block of the Depart		oplicable statutory filing	requirements, this date	e will not be list	ed a
	isiaa a dalawad as	6				
record spec The 90th day	mes a delayed en after the record	rective date, but is filed.	t not an effective tir	ne, at 12:01 a.m.	on the earlie	erc
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<u>- 1</u>	Sign	iature of a member or	authorized representative o	ı a member	Y I I	
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<u>-</u>	111	0	777			
	MEWIN	MALLEM	TIL arinted name of signes		mo P	
	MEWIN	Mrwed Typed or p	printed name of signee		امدامها	

Page 3 of 3

Filing Fee: \$25.00