

LS00003900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

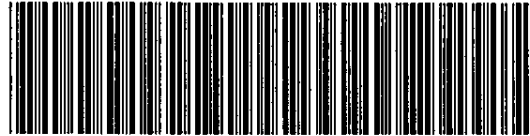
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600270510146

03/12/15--01004--002 \*\*25.00

FILED  
15 MAR 12 PM 4:46  
STATE  
CLERK

MAR 27 2015

S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COLUMBUS 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:

**YARIXA LEYVA**

Name of Person

**COLUMBUS AUTO SALES LLC**

Firm/Company

**2529 W COLUMBUS DRIVE**

Address

**TAMPA, FL 33607**

City/State and Zip Code

**ALEXBALMASEDA@YMAIL.COM**

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

FILED  
15 MAR 12 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

**YARIXA LEYVA**

**813**

**369-4088**

Name of Person

at ( )

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	YARIXA LEYVA	2529 W COLUMBUS DR	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33607	<input type="checkbox"/> Remove
MGR	ALEX E BALMASEDA	2529 W COLUMBUS DR	<input type="checkbox"/> Add
		TAMPA, FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
15 MAR 12 4:44  
CLERK OF DISTRICT COURT  
TAMPA, FL 33607

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

---

---

---

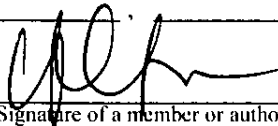
---

---

**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 \_\_\_\_\_



Signature of a member or authorized representative of a member

Yareiva Leyva

Typed or printed name of signee

FILED  
15 MAR 12 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA