## 115000127126

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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mrce Goys Auto Sc. Pos LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luc VI GNERON  Name of Person
Name of Person
Mr Nice Guys Auto Saler LLC Firm/Company
1156 S. Nova Rd Address
ORNOND BEACH FL 32174  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luc VIGNERON at (407) 690-4608
Name of Person Area Code & Daytime Telephone Numbe
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\Bigcup \\$55 Filing Fee & Certified Copy

INHS18 (2/14)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· ·	'A '무지
MR. Nice Guys Acto S (Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 7-34-15 and assigned
Florida document number <u>L15000127126</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1156 S. Nova Rd  Second Beach, FL 32174
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1156 5. Nova Rd Ormand Bach, FL 32174
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent: LU  New Registered Office Address: 1156 S.	Nova Pd Enter Florida street address

## 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

Ormand Beach Florida 32174

Zip Code

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

$\mathbf{AMBR} = \mathbf{A}$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Luc Vigneron	11714 Poetry DR	Add
		Orlando FL 32832	□ Remove
			Change
Ambr -	Luc Vigneron	11714 Poetry DR	Add Add
		Orlando FL 3283	
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fan effect <u>Note:</u> If	e date, if other than the date of filing:	ling.) Pursuant to 60.	5.020 sed as
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.r Oth day after the record is filed.	n, on the earli	er of
	June 9th 2018		
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Page 3 of 3

Filing Fee: \$25.00