

Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000222040 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AKERMAN LLP - BOCA

Account Number : I20100000049

: (561)368-2151

Phone Fax Number

: (561)368-4668

**Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please, **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WAREHOUSE AUTO DEALERS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

SEP 1 7 2015

J SHIVERS

H15000 2220403

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(W. Linting r	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number 1.15000128716	mpany were filed on July 28, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed Hability company here:
The new name must be distinguishable and contain the words "Limite	ed Lisbility Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of
B. If amending the registered agent and/or registered agent and/or the new registered office addressed of New Registered Agent:	ered office address on our records, enter the name of the neess here:
registered agent and/or the new registered office addre	ered office address on our records, enter the name of the neess here: Enter Florida street address
registered agent and/or the new registered office addre	Enter Florida street oddress Enter Florida street oddress
registered agent and/or the new registered office addre	Enter Florida street address , Florida City Zip Code
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	Enter Florida street address , Florida City Zip Code

Page 1 of 3

1-1150002220403

H15 0002220403

If smending 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>	Name	Address	Type of Action
MGR	Perer Bekkers	2900 NW Commerce Park Dr#1-2	
٠	(change to <u>Petrus A.</u> Bekkers)	Boynton Reach, PL 33426	□ Remov ¢
			■ Chango
			□ Add
			□ Remove
			☐ Change
			Add
:			□ Ŗemove
			☐ Change
			□ Add
			□ Remove
·			Change
		,	D Add
			□ Remove
			□ Change ,
			Add `
			□ Remove
• ,		Parket 1911	☐ Change

Page 2 of 3

:	
ote	ctive date, if other than the date of filing: [coptional] firstive 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; [coptional] [copt
r∈ Th	acord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
iter	September 15 2015
	Signature of a member or authorized representative of a member
	Petrus A. Bekkers

Page 3 of 3

Filing Fee: \$25.00

H150002220403