L15000 170 277

-	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	<u> </u>

Office Use Only



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02/22/16--01044--003 **35.00



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February 24, 2016

PASHON DOBSON 4040 SW 69 AVE MIRAMAR, FL 33023

SUBJECT: CAR LIFE AUTO LLC Ref. Number: L15000170277

We have received your document for CAR LIFE AUTO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Letter Number: 516A00003854

Jenna D Harris Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Cor Life Name of Lim	Auto LLC ited Liability Company	
Division of Corporations SUBJECT:			
Please return all correspon	dence concerning this matter	to the following:	
	Pashu	n Dobson Name of Person	
	CA		· -
	<u>4040 <</u>	S.W 69 th Address	
	Miramar	FL 3302-3 City/State and Zip Code	
	E-mail address: (Shun Oyahav. Com to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
<u>Pashun</u>		at (786) 426 Area Code Daytime	-2611 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee			

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

(or life Auto	UC SO SO
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.)
(A Fibrida Elimited i	statinty Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{10/6/15}{}$ and assigned
Florida document number	$I \cap I'$
Torica document number	
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liab	illity company here
A. If amending name, enter the new name of the innited name	h./
	70/PT
The new name must be distinguishable and contain the words "Limited Liabi	ity Company, the designation "LLC or the appreviation "L.C.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
F.,4	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address ner	<u>-</u> .
	Λ
Name of New Registered Agent:	——/// / / / / / / / / / / / / / / / / /
New Registered Office Address:	/// / / / /
	Elter Florida street addresst
	// V / , Florida
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kenneth Williams	4040 S.W69th Ave Miraman FL 33003	IZ Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
		//-/-/-	Add
		//_/	Remove
			□ Change
		<i>L</i>	Add
			Remove
			☐ Change ☐ Add
			Add 💮
			□ Remove
			Change
			<u>Ş</u> .∵
		 	Remove
			□ Change

			
			
	-		
Effective date, if other than the date of filing: Od 25/16 (option of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	iling.) Pursuar		
the record specifies a delayed effective date, but not an effective time, at 12:01 a. The 90th day after the record is filed.	m. on the	earlie	r of:
Dated $\frac{\partial \lambda}{\partial s} = \frac{\partial \lambda}{\partial s}$		2016 F	Q. ^Q v
Signature of a member or authorized representative of a member Manager Typed or printed name of signer		F. 26 26	ر المدان د مان د ا د مان د ا د ا د ا د ا د ا د ا د ا د ا د ا د ا
№	100	Ο,	

Page 3 of 3

Filing Fee: \$25.00