

L16 00000 1528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

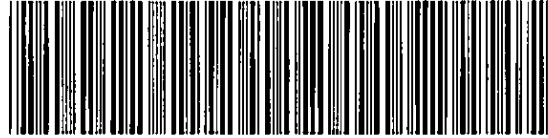
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 29 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Artto Sales LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following

Kelah T. Footman
Name of Person

Family Artto Sales LLC
Firm Company

8201 Footman Ln
Address

Tallahassee, FL 32317
City, State and Zip Code

Kelah.Familyartto@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelah Footman at (850) 901-5875
Name of Person 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Family Auto Sales LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/29/2018 and assigned Florida document number 216000001588.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

824 Footman Ln
Tallahassee, FL 32317

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

824 Footman Ln
Tallahassee, FL 32317

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kevin Footman

New Registered Office Address:

824 Footman Ln

Enter Florida street address

Tallahassee

City

Florida

32317

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Kielah Footman	824 Footman Ln	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lynette Ludge	4830 Ashland Dr	<input type="checkbox"/> Add
		Tampa, FL 33610	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Agent	Michael James Dames	2333 Horne Ave AHA	<input type="checkbox"/> Add
		Tallahassee, FL 32304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Agent	Kielah Footman	824 Footman Ln	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

01/29/2018

1/29/2018

 Signature of a member or authorized representative of a me

Signature of a member or authorized representative of a member

Kiduh T. Toothman

Typed or printed name of signee

2:00
6:53