L1600000738z

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(0)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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APR 01 2019 S. YOUNG

COVER LETTER

ζ,	ion Section of Corporations	
SUBJECT:	VAN HORN'S AUTO SA	ALES, LLC y Company
The enclosed Artic	les of Amendment and fee(s) are submitted for	filing.
Please return all co	rrespondence concerning this matter to the follo	owing:
	Sandra	Jo MARSHALL e of Person
	<u>UAN HORNS</u>	Auto Sales, LLC
		5th 5t.
	PANAMA (City, Fe 32405
	<u>Vannorns auctos</u> E-mail address: (to be used f	or future annual report notification)
For further informa	ation concerning this matter, please call:	
Sance	Ira Lo MARSHALL at (Area Code Daytime Telephone Number
Enclosed is a check	c for the following amount:	
\$25.00 Filing F	Certificate of Status Cer	00 Filing Fee & □ \$60.00 Filing Fee, tified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
F I	MAILING ADDRESS: Registration Section Division of Corporations 2.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
1	Fallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Van Horn & Ad (Name of the Limited Liability of (A Florida Li	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L160000738</u> .		ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	ed Liability Company," the designation "LLC" or the abbreviation "L.L.G"	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		the new
New Registered Office Address:	Sandra Vo MARSHALL 102 E. 15th St. Enter Florida street address	
	Parama City Florida 32405	-

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>	Name	Address	Type of Action
AMBR	Sandra do MARSHA	11 102 E. 15th St, PAMAMACA F. 334	A B Add
			C Remove
			□ Change
			□ Remove
			Change
		,	Remove
			Change
			□ Add
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		🗆 Change	
			🗆 Add
			_□ Remove
			☐ Change

. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u>, </u>
Note	tive date, if other than the date of filing:
	ecord 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.
Dated	3/15/19
	1 Cal
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00