# L16000020299

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

Office Use Only



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ALLEHASSEE, FLORIDA

JAN 0 2 2016 Y SULKER



November 17, 2017

ANALOG IMPORTS, LLC 4544 NE 11TH AVE OAKLAND PARK, FL 33334

SUBJECT: ANALOG IMPORTS, LLC

Ref. Number: L16000020299

We have received your document for ANALOG IMPORTS, 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).

We are enclosing the proper form(s) with instructions for your convenience.

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: 117A00023418

Yasemin Y Sulker Regulatory Specialist II

## **COVER LETTER**

TO: Registration Division of C	n Section Corporations		
SUBJECT:	nalca Imports Name of Lim	LLC , nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Stewar	+ Hart Name of Person	
	Analog Ir	mports UC. Firm/Company	<del></del>
	4548 NE 1	HP A-VE Address	
		Park, FL 333. City/State and Zip Code	
	analogim; E-mait address:	ourts @ aol.com	7 ication)
For further information	on concerning this matter, please c		
Stewart Nam	Hart ne of Person	at ( <u>954</u> )309 Area Code Daytime	- 8798 Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

RECEIVED

JAN - 2 2018

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Analog Imports UC (Name of the Limited Liability Compa (A Florida Limited Li	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000020299</u> .	were filed on $1/28/2016$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	US44 NE 11th Ave Oakland Park FL:33334
(Principal office address MUST BE A STREET ADDRESS)	- COCKIGOTICI TOTA, 1 L : 2727 1
Enter new mailing address, if applicable:	4544 NE 11+12 ARE > 1
(Muiling address MAY BE A POST OFFICE BOX)	Dakland Park, FIR333134
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	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
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tive date, if other than the date of filing: flective date is listed, the date must be specific and of If the date inserted in this block does not me ment's effective date on the Department of Sta	cannot be eet the ap	oplicable st			ing.) Pursuan	
ecord specifies a delayed effective da le 90th day after the record is filed.	ate, but	t not an	effective time, a	t 12:01 a.r	n. on the	earli
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Signature of a m	ember or	authorized i	representative of a mer	nber		

Page 3 of 3

Filing Fee: \$25.00