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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 21 PM 2:31

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K. SALY
EXAMINER
MAR 23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PALM BEACH CLASSICS AUTO SALES, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SIDNEY VALLON

Name of Person

PALM BEACH CLASSICS AUTO SALES, LLC

Firm/Company

8983 OKEECHOBEE BLVD # 202-170

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

SIDNEYVALLON@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIDNEY VALLON

561 762-6244
at ()
Area Code Daytime Telephone Number

Name of Person

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**

PALM BEACH CLASSICS AUTO SALES, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/16/2016 and assigned
Florida document number L16000032720.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SIDNEY VALLON	8983 OKEECHOBEE BLVD	<input type="checkbox"/> Add
		#202-170	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33411	<input type="checkbox"/> Change
AMBR	PALM BEACH CLASSICS HOLDINGS, LLC	8983 OKEECHOBEE BLVD	<input checked="" type="checkbox"/> Add
		#202-170	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33411	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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CLERK OF COURT
PALM BEACH COUNTY, FLORIDA

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2016 JAN 21 11 23
SENATE STAFF
TALLAHASSEE, FLORIDA

2016 MAR 21 PM 2:31
SEATTLE
ALLAHASSET, FLORIDA

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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.

Dated MARCH 4, 2016

Sig Valle

Signature of a member or authorized representative of a member

SIDNEY VALLON

Typed or printed name of signee