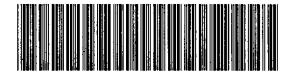
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(Requestor's Name)
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K.SALY EXAMINER MAR 23

COVER LETTER

TO:	Registration Section Division of Corpo					
SURJE:	PALM BEAC	CH CLASSICS AUTO SALI	ES, LLC			
GODGE.	C1	Name of Lim	ited Liability Company			
The enc	losed Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspond	lence concerning this matter	to the following:			
		SIDNEY VALLON				
	Firm/Company					
			Address			
		WEST PALM BEACH, F.	L 33411			
	262 201 262 201	WEST PALM BEACH, F.	City/State and Zip Code	······		
	.,,	SIDNEYVALLON@HOTI	MAIL.COM			
		E-mail address: (to be used for future annual report notifi	cation)		
For furt	her information con	cerning this matter, please c	all:			
SIDNE	Y VALLON		561 762-6244 at ()			
	Name of P	erson	Area Code Daytime	Telephone Number		
Enclose	d is a check for 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)		
	MAILIN	G ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 MAR 21 PM 2:31

PALM BEACH CLASSICS AUTO SALES, LLC

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

Florida document number L16000032720		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		r records, <u>enter the name of the n</u>
		r records, <u>enter the name of the n</u>
registered agent and/or the new registered office addre	ss here:	
registered agent and/or the new registered office address Name of New Registered Agent:	enter Florida s	treet address
registered agent and/or the new registered office address Name of New Registered Agent:	ess here: Enter Florida s.	treet address
Name of New Registered Agent: New Registered Office Address:	Enter Florida s.	treet address
registered agent and/or the new registered office address Name of New Registered Agent:	Enter Florida s. City Agent: Ind agree to act in this capa Applete performance of my and as provided for in Chap	treet address, Florida Zip Code acity. I further agree to comply with t duties, and I am familiar with and oter 605, F.S. Or, if this document is

'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
AMBR	SIDNEY VALLON	8983 OKEECHOBEE BLVD	
		#202-170	■ Remove
		WEST PALM BEACH, FL 33411	☐ Change
AMBR	PALM BEACH CLASSICS HOLDINGS, LLC	8983 OKEECHOBEE BLVD	≅ Add
		#202-170	□ Remove
		WEST PALM BEACH, FL 33411	☐ Change
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			Change
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Filing Fee: \$25.00