# EOLEHORRINIT

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

Office Use Only



800285283728

05/09/16--01014--005 \*\*55.00

THE RAY OF STATE

MAY 1 0 2016

3 MARRED

## **COVER LETTER**

10:	Division of Cor		÷.		
SUBJE		DYS MOTORS FLORIDA LLO	C		
			led Liability Company		
The end	closed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please 1	return all correspo	ndence concerning this matter t	o the following:		
		ROGER P SPADY			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
	PAUL SPADY MOTORS FLORIDA LLC				
	Firm/Company				
	8604 SE BANYAN TREE STREET				
	Address				
		HOBE SOUND, FLORIDA 33455			
	City/State and Zip Code paulspady@hotmail.com				
		E-mail address: (to	be used for future annual report notif	ication)	
For furt	ther information co	oncerning this matter, please ca	11:		
ROGE	R P SPADY		772 919-5266		
	Name of	f Person		Telephone Number	
Enclose	ed is a check for th	e following amount:			
□ \$25	5.00 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

# TO ARTICLES OF ORGANIZATION OF

PAUL SPADY MOTOR FLORIDA 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 MARCH 01 2016 and assigned L16000042702 Florida document number 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 "L.L.C." 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

#### 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
· AMBR	ALPHONSO RHODE	8604 SE BANYAN TREE STREE	□ Add
			■ Remove
		<del></del>	Change
	<del></del>		Add
			□ Remove
			Change
		-	☐ Add
			☐ Remove
			Change
**************************************			
		<del></del>	Remove
			Change
<del></del>			Add
			□ Remove
			☐ Change
wdwishbasharan dawran da		ABASSEF. FLORIDA	C TI FEED VE
		ORIDA	TAILE Change

	ROGER PAUL SPADY	PERCENTAGE INTREST	100%
• • ,			<del></del>
	- 1 Martin Marti		177 APR - 187 - 187 - 187 - 187 - 187 - 187 - 187 - 187 - 187 - 187 - 187 - 187 - 187 - 187 - 187 - 187 - 187
	-New Methods and the second se	The state of the s	<del></del>
			<del></del>
		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
	<del> </del>		
	<del>-1</del>		
			<del> </del>
	- Annual Control of the Control of t		
		MARCH 01, 2016	
Effe	ctive date, if other than the date	te of filing:	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3)
Note	e: If the date inserted in this block ument's effective date on the Depart	does not meet the applicable statutory filing	ng requirements, this date will not be listed as the
	record specifies a delayed ef ne 90th day after the record		time, at 12:01 a.m. on the earlier of:
Date	MARCH 01	2016	
Date	Roge	Vane Goody	; and
	Sign	nature of a member or authorized representativ	
	ROGER PAUL SPADY		
	· · ·	Typed or printed name of signee	ण के ज
			rica Si
		Page 3 of 3	සිස් <b>ය</b>

Filing Fee: \$25.00