116000059011

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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



100284217081 L16-59011

04/07/16--01012--020 **25.00

Amend



'APR 25 2016 N. CAUSSEAUX

COVER LETTER

TO: Registration Sec Division of Corp	ection porations 28/6 A	PR 21 PM 4: 24
	F AUTO LLC	" × 21 PM 4: 24
SUBJECT:	Name of Limited Liability Company	ASSEC FLORIDA
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	Ю
Please return all correspon	ondence concerning this matter to the following:	
	Phoenix Chardon Brown	
	Name of Person	
	HOUSE OF AUTO LLC	
.	Firm/Company	
	4814 Solandra Cir W	
• .	Address	
•	Jacksonville, Florida 32210	
	City/State and Zip Code	
	Phoenix, Brown88@gmail.com E-mail address: (to be used for future annual report notification)	
For further information co	concerning this matter, please call:	
Phoenix Chardon Brown	n 904 219-5501	
Name of	of Person Area Code Daytime Telephone	: Number
Enclosed is a check for th	the following amount:	
\$25.00 Filing Fee	Certificate of Status 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

COVER LETTER

. Divisi	sion of Corporations	•
SUBJECT:	HOUSE OF AUTO LLC	
SOBJECT	Name of Limited Liability Company	
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	
	Phoenix Chardon Brown	•
	Name of Person	
	HOUSE OF AUTO ALC	
	Firm/Company	
	6316 San Juan Ave Suite 10	·
	Jacksonville, Florida 32210	
	City/State and Zip Code Phoenix.Brown88@gmail.com	
	E-mail address: (to be used for future annual report notification)	•
For further info	formation concerning this matter, please call:	
Phoenix Chard	at ()	
	Name of Person Area Code Daytime Telephone Number	-
Enclosed is a c	check for the following amount:	
₩ \$25.00 Fili	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	of Status &
		/

Registration Section

TO:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2016

PHOENIX CHARDON BROWN HOUSE OF AUTO LLC 6316 SAN JUAN AVENUE, SUITE 10 JACKSONVILLE, FL 32210

SUBJECT: HOUSE OF AUTO LLC Ref. Number: L16000059011

We have received your document for HOUSE OF AUTO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

The registered agent must sign accepting the designation.

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: 716A00007304

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOUSE OF AUTO LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on	23/2016 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the		signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	-
Enter new mailing address, if applicable:		ARR PLANTS SEE
Mailing address MAY BE A POST OFFICE	<u></u>	7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the ne
Name of New Registered Agent:	Phoenix Chardon Brown	
New Registered Office Address:	4814 Sojandra Cir Enter Florid	cle W
		, Florida 3 2 2 _ 1 0
	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.

I Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
MGR	Phoenix Chardon Brown	4814 Solandra Circle W	■ Add
		Jacksonville, Florida 32210	□ Remove
			□ Change
			☐ Remove
			☐ Change
			□ Add
			Remove
			OLI Change
			Add 2
		 	Remove
			☐ Change
			☐ Remove
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ffective date, if other than th	e date of filing: 03/30/2016	(0)	ptional)
an effective date is listed, the date motore: If the date inserted in this becament's effective date on the library and the second seco	lock does not meet the applicab		
e record specifies a delaye The 90th day after the re	ed effective date, but not a cord is filed.	an effective time, at 12:0	1 a.m. on the earlier of
ated	2016	<u>.</u> -	
Do	2		
	Signature of a member or authorize	zed representative of a member	
/	James VI a thomas of transfer		

Page 3 of 3

Filing Fee: \$25.00