

L16000062136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

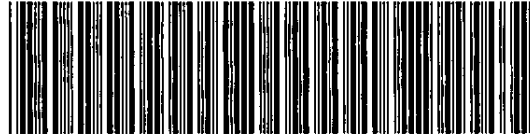
(Business Entity Name)

(Document Number)

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TAMMASEE, FLORIDA

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S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPEEDWAY AUTO SALES 27, 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:

Jonathan guy

Name of Person

Firm/Company

38028 HWY 27

Address

DAVONPORT FL 33837

City/State and Zip Code

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

For further information concerning this matter, please call:

Jonathan Guy

863 838-4792
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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)

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

SPEEDWAY AUTO SALES 27, LLC

(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new mailing address, if applicable:

_____, **Florida** _____
City *Zip Code*

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mGR mBR	Jonathan Guy	Jonathan Guy 38028 HWY 27 DavonPort FL 33837	<input checked="" type="checkbox"/> Add

mGR
mBR . Jon Guy ☐ Add

38030 HWY 27 Haines City ☒ Remove
FL 33844

☐ Change

_____ ☐ Add

[Remove](#)

[Change](#)

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Page 1 of 1 [Print](#) [PDF](#) [Change](#)

_____ ☐ Add _____

OF 10 ☐ Remove

DATE 4/2/2018 TIME 11:02 AM PAGE 10 OF 10 ☐ Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CORRECTING THE NAME FOR JONATHAN GUY THAT WAS JON GUY;

NEED TO CORRECT PRINCIPAL ADDRESS

FROM: 38030 HWY 27 HAINES CITY FL 33844

TO: 38028 HWY 27 DAVONPORT FL 33837

E. Effective date, if other than the date of filing: _____ (optional)

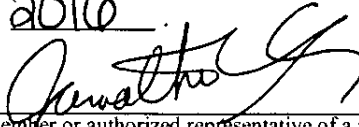
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 7, 2016



Signature of a member or authorized representative of a member

Jonathan Guy

Typed or printed name of signee

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TALLAHASSEE, FLORIDA