# 116000071619

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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2017 FEB 23 PM 12: 22

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2017

SUNSHINE AUTO GROUP, LLC NICHOLAS G. FABRICATORE 1038 W BROAD ST. GROVELAND, FL 34736

SUBJECT: SUNSHINE AUTO GROUP, LLC

Ref. Number: L16000071619

2017 FEB 23 AM II: 05
PALLATIANSSEE FLORIDA

We have received your document for SUNSHINE AUTO GROUP, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L15000038989 "CARSMART GROUP LLC".

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.

Karen A Saly Regulatory Specialist II

Letter Number: 517A00002839

## **COVER LETTER**

TO: Registration Security Division of Corp			
	CarSma	art Group, LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Nicholas G. Fabricatore	
	<u> </u>	Name of Person	<del> </del>
		CarSmart Group, LLC	
		Firm/Company	
		1038 W. Broad St.	
		Address	<del></del>
		Groveland, FL 34736	
		City/State and Zip Code	
		nick@mybornagainauto.com	
	E-mail address: (	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Nicholas G. Fabricatore		352 217-3303	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fce	☐ \$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 FEB 23 PM 12: 22
SEURIFTARY OF STATE

Zip Code

	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Sunshine Auto	"GAAA - 1 1/k A -
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number L16000071619	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
	Mascotte, LLC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	339 E. Myers Blvd.
(Principal office address MUST BE A STREET ADDRESS)	
	Mascotte, FL 34753
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: FILED 2017 FEB 23 PM 12: 22 MGR = , Manager AMBR = Authorized Member **Address** Type of Action Title <u>Name</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove \_□ Change \_ Add □ Remove ☐ Change \_□ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Page 3 of 3

Filing Fee: \$25.00