

L16000099270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

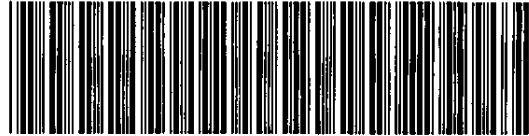
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000289354500

08/31/16--01024--002 **55.00

SEP 06 2016
S. YOUNG

SEP 06 2016
16 AUG 31 PM 3:58
FALLAUSSELICLUB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOLLAR SMART CAR MART
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:

BRIAN ANDERSON
Name of Person

DOLLAR SMART CAR MART
Firm/Company

~~2250 Oak~~ 5322 DOCKRIDGE LN
Address

MULBERRY FL 33860
City/State and Zip Code

BANDERSON2012@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN at (563) 512-2342
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

16 AUG 31 PM 3:58
FILED
TALLAHASSEE, FLORIDA
CLERK OF COURT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DOLLAR SMART CAR MART, 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 MAY 16, 2016 and assigned Florida document number L16 000099270.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

BRIAN S ANDERSON

New Registered Office Address:

3603 KENILWORTH BLVD (SAME)

Enter Florida street address

SERRINA

City

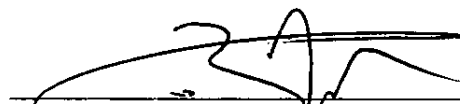
, Florida

33820

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.



If Changing Registered Agent / Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Brian Anderson	5322 DOERING LN	☐ Add
		MULBERRY FL 33660	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

16 AUG 31 PM 3:08
STATE OF FLORIDA
SECRETARY OF REVENUE

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

BRIAN ANDERSON SOLE MEMBER

E. Effective date, if other than the date of filing: Aug 10, 2016 (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

8/10/2016

Signature of a member or authorized representative of a member

BRIAN ANDERSON

Typed or printed name of signee