

L16000122785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

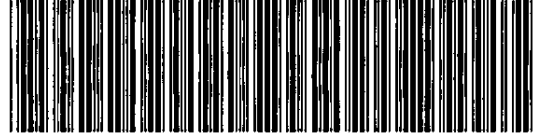
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

dash/6005

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Auto Remarketing 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:

Navaar Helmus

Name of Person

Auto Remarketing LLC

Firm/Company

801A Lighthouse Drive

Address

North Palm Beach, Florida 33408

City/State and Zip Code

williamhelmus@gmail.com

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

For further information concerning this matter, please call:

Ashley Villanueva

561 951-4423
at () _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2016 SEP 16 PM 3:30
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

Auto Remarketing 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 06/27/2016 and assigned
Florida document number L16000122785.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

Joseph MacArthur

New Registered Office Address:

801 D Lighthouse Dr.

Enter Florida street address

North Palm Beach

, Florida 33408

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.


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>
AP	Ashley Villanueva	801A Lighthouse Dr.	<input type="checkbox"/> Add
		North Palm Beach, Fl 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Joe Mccarther	801D Lighthouse Dr.	<input type="checkbox"/> Add
		North Palm Beach, Fl 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ashley Villanueva	801A Lighthouse Dr.	<input checked="" type="checkbox"/> Add
		North Palm Beach, Fl 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joseph MacArthur	801D Lighthouse Dr.	<input checked="" type="checkbox"/> Add
		North Palm Beach, Fl 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Scott Miller	3931 Flag Dr.	<input checked="" type="checkbox"/> Add
		Palm Beach Garden, Fl 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee