

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L16000126299

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

17 APR -3 AM 9:39

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CLERK OF STATE
CORPORATION

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAI AM FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2017 APR -5 PM 12:06
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

APR 03 2017
HARRIS

PLEASE HONOR ORIGINAL DATE 04-03-17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAI AM Florida, 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:

Joan Conklin

Name of Person

Sonic Automotive, Inc.

Firm/Company

4401 Colwick Road

Address

Charlotte, NC 28211

City/State and Zip Code

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

For further information concerning this matter, please call:

Joan Conklin

at (704)

566-2444

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

850-617-6381

4/5/2017 9:34:40 AM PAGE 1/001 Fax Server

PLEASE HONOR ORIGINAL DATE 04-03-17



April 5, 2017

SAI AM FLORIDA, LLC
4401 COLWICK ROAD
CHARLOTTE, NC 28211

SUBJECT: SAI AM FLORIDA, LLC
REF: L16000126299

FLORIDA DEPARTMENT OF STATE
Division of Corporations

17 APR -3 AM 9:39

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Page 1 of 3 is missing.

If you have any further questions concerning your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist
Registration Section

FAX Aud. #: H17000091418
Letter Number: 617A00006492

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAI AM Florida, 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 July 1, 2016 and assigned
Florida document number L16000126299.

This amendment is submitted to amend the following:

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

EchoPark FL, LLC

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF MINNESOTA
COUNTY OF HENNEPIN

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

N/A

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 3, 2017



Signature of a member or authorized representative of a member

Heath R. Byrd, Manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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