

**L14000126299**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000030023  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

2017 APR -5 PM 12:06  
TALLAHASSEE FLORIDA

Certificate of Status	0
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APR 05 2017  
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**\*\*\*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

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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

SUBJECT: SAI AM FLORIDA, LLC  
REF: L16000126299

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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.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)

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**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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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