L16000170451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

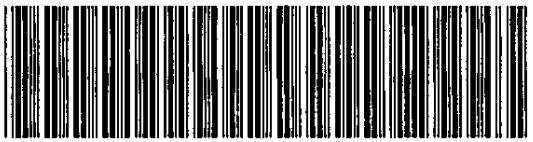
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

no pg 3

Office Use Only



000288200740

07/25/16--01016--003 **25.00

16 AUG -2 PM 2:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

S Warren

AUG 02 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2016

CESAR FLETE ALMONTE
CNL AUTO SALES LLC
540 N. STATE ROAD 434, UNIT 56
ALTAMONTE SPRINGS, FL 32714

SUBJECT: C N L AUTO SALES LLC
Ref. Number: L16000130451

We have received your document for C N L AUTO SALES 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):

missing page 3

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 216A00015978

# COVER LETTER

TO: **Registration Section**
**Division of Corporations**

SUBJECT: CnL Auto Sales 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:

Cesar Flete Almonte
Name of Person

CnL Auto Sales LLC
Firm/Company

540 N. State Road 434 unit 56
Address

Altamonte Springs FL. 32714
City/State and Zip Code

RFlete@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cesar Flete Almonte at (917) 412-2665
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

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

E N L Auto Sales 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 7/11/16 and assigned Florida document number L16000130451

This amendment is submitted to amend the following:

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

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)***

540 N. State Road 434 Unit 5
Altamonte Springs
Florida 32714

**Enter new mailing address, if applicable:**
***(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: _____

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**

FILED
2016 JUL 11 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| AMBR Officer | Cesar Pete Alvarez | 5947 windhover dr Orlando FL. 32819 | ☒ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

2016 AUG -2 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

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

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 8/2/2016

Signature of a member or authorized representative of a member

Cesar Flete Almonte

Typed or printed name of signee

FILED
16 AUG -2 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Filing Fee: $25.00