

L16000130451

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

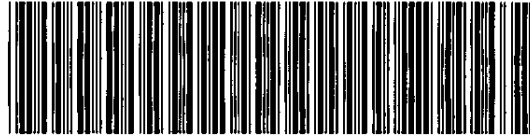
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/30/16--01013--008 **25.00

FILED
16 SEP 21 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 22 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INL 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 Rd 434
Address

Altamonte Springs FL 32714
City/State and Zip Code

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

For further information concerning this matter, please call:

Cesar Flete 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2016

CESAR FLETE ALMONTE
540 N STATE RD 434
ALTAMONTE SPRINGS, FL 32714

SUBJECT: CESAR FLETE ALMONTE
Ref. Number: W16000060997

2016 SEP 21 PM 2:50
TALLAHASSEE, FL 32310

We have received your document for CESAR FLETE ALMONTE and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 016A00018751

2016 SEP 21 AM 10:22
SECTION 404 OF STATE
TALLAHASSEE, FL 32310

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

CnL 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 7/11/2016 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3333 Broadway Apt B13D
New York NY 10031

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:

SEP 21 10:22
STATE
OF FLORIDA

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	Cesar Flete	5447 Windhover dr	☒ Add
	Plumtree	Deland FL 32819	☐ Remove
			☐ Change
MGR	Lamec Peña	1972 Lake Heritage	☐ Add
		Cir Apt 115	☒ Remove
			☐ Change
			☐ Add
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16 SEP 21 AM 11:22
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TAMPA, FLORIDA

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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.

9/21/2015

Cesar Flete Almonte

Typed or printed name of signee

16 SEP 21 AM 10 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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