## 116000192510

(Requestor's Name)	
(Address)	<u>"</u> 
(Address)	<u>  </u>
(Address)	
(City/State/Zip/Phone #)	
	_
PICK-UP WAIT	MAIL
(Business Entity Name)	<u>                                     </u>
(Dusiness Chary Name)	
(Document Number)	
Certified Copies Certificates of Sta	atus
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Special Instructions to Filing Officer:	·
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE || Division of Corporations

September 1, 2017

WAIITI CASTILLO 2902 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32804

SUBJECT: J & W AUTO SALËS LLC

Ref. Number: L16000192510

We have received your document for J & W 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):

Please file amendment document to make necessary changes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 517A00018149

2017 3EP 18 A

www.sunbiz.org

· .	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: JEW Aud	Sales ILC
	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Trease return an correspondence evacerning and in	l l
<u> </u>	Name of Person
	Name of Person
( 2	
<u> </u>	Auto Sclas, LLC Firm/Company
	Titue Company
2907.	South Acres Blosson trail
	Jorth Orange Blossom trail
orlando	City/State and Zip Code  Salso Q Out look Com  ess: (to be used for future annual report notification)
	City/State and Zip Code
Jandway	In Sales & outlook, com
E-mail add	ress: (to be used for future annual report notification)
For further information concerning this matter, ple	 ase call:
Cashilo Cashilo	954, 348 1974
Name of Person	at (954) 348 1974  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee &	
Certificate of Stat	ds Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u></u>		sales		
(Name of the Limite	d Liability Company A Florida Limited Lia	<u>as it now appea</u> bility Company)	rs on our records.)	
			1.0100	
The Articles of Organization for this Limited Li		ere tiled on	10/18/2016	and assigned
Florida document number <u>L 1600</u> 0192	510			
This arrendment is submitted to afficing the folio	willig.			
A. If amending name, enter the new name of	the limited liabili	ty company h	ere:	
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the c	designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applications	ible:			
(Principal office address MUST BE A STREE			<del></del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	<u>3<i>OX</i>)</u>			· · · · · · · · · · · · · · · · · · ·
		<del></del>		
B. If amending the registered agent and/ registered agent and/or the new registered of		ce address of	n our records, <u>enter</u>	the name of the new
registered agent and/or the new registered on				
	ı			
Name of New Registered Agent:				<del></del>
New Registered Office Address:			<b>.</b>	
		Enter Flo	orida street address	
			, Florida	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:			<u></u>
I hereby accept the appointment as registered				
provisions of all statutes relative to the prope	r and complete p	erformance oj	f my duties, and I am	familiar with and -
accept the obligations of my position as regis being filed to merely reflect a change in the r				
company has been notified in writing of this c			or conjum mai me in	
	<b>.</b>			and the second second

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	<u> </u>		
	Authorized Person(s) authorized to om our records:	manage, enter the title, name, and address of each	n person being added
MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard L Mendez Pineda	1898 Williamstown Blud, Lakeland FL	☑ Add
	rineca	Bluz, Lakeland FL	Remove
		33810	Change
MGR	Said A. Comach	0 9725 NW 52ND ST	E Add
	Poloterio	APT 401, Doral FL	Remove
		33178	☐ Change
		<del></del>	🗆 Add
			Remove
			☐ Change
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			Change
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			Remove Change
<del>*************************************</del>			Add C
			□ Remove_
			□'Change

If amend	ing any other i	information	i, enter c	nange(s) here: (Attach addition	nal sheets, if necessary.)
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f an effecti <u>Note:</u> H		e date must be s in this block of	specific and does not i	f cannot be prior to date of filing or mo neet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605,0207 (2 requirements, this date will not be listed as the
	rd specifies a Oth day after			late, but not an effective ti	me, at 12:01 a.m. on the earlier of:
Dated	9-14-	17		,	ي س
				air d'Oli.	
		Sigr	nature of h	member or authorized representative	of a member
				<b>~</b> · · · · · ·	
		•	1 . 1	. (' 1.11.	and the second s
			<u>Waii.</u>	Typed or printed name of signee	
			Waii.A	Typed or printed name of signee  Page 3 of 3	F