L170000 67638

(Re	questor's Name)	
(Ad	dress)	
, (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Fo.	e You Auto Si	aces, LLC	
	Name of Limi	ited Liability Company	
	Amendment and fee(s) are submitted		
Trouse rolain an concespor	dence concerning this matter	to the following.	
	RALPH L	. WILLIAMS III Name of Person	— 1
	FOR YOU AL	ITO SALES, LLL Firm/Company	
	2539 CARSO.	N OAKS DR. Address	
	JACKSONVILL	E, Fi. 3222/ City/State and Zip Code To /e i ULD gmail. Co to be used for future arrelial report notific	
	For you auto Si E-mail address: (1	n /es UCD, gmail. Co	OM cation)
For further information co	oncerning this matter, please ca	all:	
RALPH L. Name of	Williams III Person	at (<u>904</u>) <u>7/3 - 3</u> Area Code Daytime	3324 Telephone Number
Enclosed is a check for th	e 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



September 27, 2017

RALPH L WILLIAMS III 2539 CARSON OAKS DR JACKSONVILLE, FL 32221

SUBJECT: FOR YOU AUTO SALES LLC

Ref. Number: L17000067638

We have received your document for FOR YOU AUTO SALES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

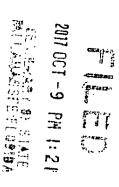
PAGE 1 IS MISSING.

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: 917A00019569



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOR YOU HUTO SALES				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our re iability Company)	cords.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L/7000067638</u> .	_			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili				
Enter new principal offices address, if applicable:	2506 PHOE	NIK AVENJE		
(Principal office address MUST BE A STREET ADDRESS)	2506 PHOE JACKSONVILLE SUITE 2	F. FL. 3220		
Enter new mailing address, if applicable:		AHASS		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our rec	ords, enter the name of the n	<u>ew</u>	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street a	aaress		
	City	_, Florida Zip Code	Lip Code	
New Registered Agent's Signature, if changing Registered Agent:		·		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6 address, I hereby confiri	s, and I am familiar with and 105, F.S. Or, if this document is method liability	't.	
If Char	nging Registered Agent, <u>Signa</u>	ture of New Registered Agent	#{ .2	
		e in the second		

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>	Name	Address	Type of Action
MCR	RACPH L. WILLIAMS III	2539 CARSON DAKS De.	D Add
		JACKSONVILLE, FL. 32221	Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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			□ Change
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			Remove
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			Remove
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Effec (If an e	tive date, if other than the date of filing: (option flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	nal) filing.) Pursuant to 60	5.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this nent's effective date on the Department of State's records.	date will not be list	ted as
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 are 90th day after the record is filed.	.m. on the earli	er of
Date	OCTOBER 2 - 2017		
		20	
	Signature of a monther or authorized representative of a member	7.00	A ls:
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	Typed or printed name of signee		garga Sarga
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Filing Fee: \$25.00