

L170000 67638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

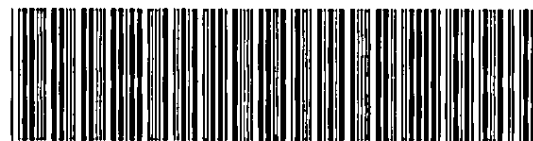
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S TALLENT  
JAN 25 2019

*Handwritten signature*

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19 JAN 17 PM 1:40  
CLERK OF COURT  
JAN 17 2019

## COVER LETTER

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

SUBJECT: For You 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:

Sophia Griffin  
Name of Person  
For You Auto Sales, LLC  
Firm/Company  
2539 Carson Oaks Drive  
Address  
Jacksonville, FL 32221  
City/State and Zip Code  
foryouautosalesllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sophia Griffin at ( 904 ) 414-1372  
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

For You Auto Sales LLC.

appears on our records) March 24, 17 ✓  
October 10, 17 and assigned

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FBI - AMSTERDAM

Page 1 of 3

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	Sophia Griffin	5051 Playpen Dr #13	<input type="checkbox"/> Add
		Jacksonville, FL 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Please make Ralph Williams 100% owner.

E. Effective date, if other than the date of filing: August 01, 2018 (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 January 15, 2019  
Sophia Griffin  
Signature of a member or authorized representative of a member  
Sophia Griffin  
Typed or printed name of signee