

L17000078741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS

MAR 12 2018

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: SkyWay 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:

Tanna M. Lewis  
Name of Person

SkyWay Auto Sales LLC  
Firm/Company

5515 Bayshore Rd.  
Address

Palmetto, Florida 34293  
City/State and Zip Code

Rheiniv@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanna Lewis at ( 941 ) 237-1906  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Sky Way 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 April 1<sup>st</sup>, 2017 and assigned

Florida document number L17000078741

This amendment is submitted to amend the following:

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

GO 2 Auto Sales LLC

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)

4437 Bay Cedar Ln  
SRQ, Florida 34241

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

(Mailing address MAY BE A POST OFFICE BOX)

same as above

**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:

Thomas Rheinlander

New Registered Office Address:

same as above

Enter Florida street address

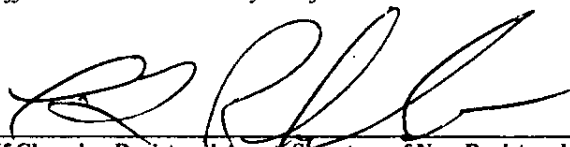
, Florida

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

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>
VP	Roberto Villadoniga <del>Roberto Villadoniga</del>	3108 58th TER E BRADENON, FL 34203	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
SEC	TANNA Lewis <del>Tanna Lewis</del>	171 Clemson Rd, Venice, FL. 34293	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Treas	Lorraine Rheinlander	4437 Bay Cedar Ln. SRQ, FL. 34241	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
Pres	Thomas Rheinlander <del>Thomas Rheinlander</del>	4437 Bay Cedar Ln. SRQ, FL. 34241	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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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.

3/2, 12/18

12 2018  
Signature of a member or authorize

Signature of a member or authorized representative of a member

Thomas Rheinlanda  
Typed or printed name of signer