

L17000113264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 05 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTOMALL OF ST PETE 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:

ELVIR BOSKOVIC

Name of Person

AUTOMALL OF ST PETE LLC

Firm/Company

6114 54TH AVE N

Address

KENNETH CITY, FL 33709

City/State and Zip Code

johnson.jessica19@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELVIR BOSKOVIC

551 263-6823
at ()

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

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

AUTOMALL OF ST PETE 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 05/22/2017 and assigned
Florida document number L17000113264.

This amendment is submitted to amend the following:

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

EKOS 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:

6114 54TH AVE N

(Principal office address MUST BE A STREET ADDRESS)

KENNETH CITY, FL 33709

Enter new mailing address, if applicable:

6114 54TH AVE N

(Mailing address MAY BE A POST OFFICE BOX)

KENNETH CITY, FL 33709

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:

ELVIR BOSKOVIC

New Registered Office Address:

6114 54TH AVE N

Enter Florida street address

KENNETH CITY

Florida 33709

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

FILED
MAY 23 2017
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
COUNTY OF ST. PETERSBURG

[illegible]

(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.

8228-17

[Signature]

Elvir Basković

Typed or printed name of signee

FILED
17 SEP -1 PM12:00
SEAL OF THE STATE
TALLAHASSEE, FLORIDA