

L17000116421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

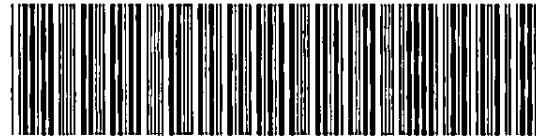
(Business Entity Name)

(Document Number)

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17 OCT 19 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
10/20/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CEO AUTOSALES OF FLORIDA, 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:

JUAN E ORTIZ

Name of Person

CEO AUTOSALES OF FLORIDA, LLC.

Firm/Company

11661 TROPICAL ISLE LN

Address

RIVERVIEW, FLORIDA 33579

City/State and Zip Code

ceoautosalesflorida@gmail.com

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

For further information concerning this matter, please call:

JUAN E ORTIZ

813

454-5807

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**

CEO AUTOSALES OF FLORIDA, 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 117000116421.

This amendment is submitted to amend the following:

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

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:

2120 JELANE DR

(Principal office address MUST BE A STREET ADDRESS)

VALRICO, FLORIDA 33594

Enter new mailing address, if applicable:

11661 TROPICAL ISLE LN

(Mailing address MAY BE A POST OFFICE BOX)

RIVERVIEW, FL 33579

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:

JUAN E ORTIZ

New Registered Office Address:

11661 TROPICAL ISLE LN

Enter Florida street address

RIVERVIEW

City

Florida

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>
MGR	JUAN E ORTIZ	11661 TROPICAL ISLE LN	<input checked="" type="checkbox"/> Add
		RIVERVIEW, FL 33579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROSA V ORTIZ	11661 TROPICAL ISLE LN	<input checked="" type="checkbox"/> Add
		RIVERVIEW, FL 33579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

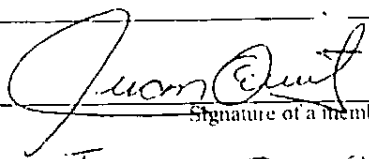
(This area contains horizontal lines for amending information.)

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17 OCT 19 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 10/6/2017 (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 OCTOBER 6 2017



Signature of a member or authorized representative of a member
JUAN E. ORTIZ

Typed or printed name of signee