117000123134

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300302547153

08/28/17--01023--004 **60.00

17 AUG 28 AM 7: 50
SEGRE TAILY OF STATE
TALLAHASSEE, FLORIO

AUG 29 2017 J SHIVERS

COVER LETTER

ro:				
SUBJE				
West Coast Wheels Auto Sales LLC Name of Limited Liability Company				
The enc	losed Articles of	Vest Coast Wheels Auto Sales LLC Name of Limited Liability Company		
Please n	eturn all correspo	ondence concerning this matter	to the following:	
		Brian DeMenezes		
			Name of Person	
		West Coast Wheels Auto S	iales LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		225 11th Ave NE		
			Address	
		St Petersburg, FL 33701		
		bdemenezes@tampabay.rr.c		
For furti	her information o		s) are submitted for filing. sis matter to the following: S Name of Person els Auto Sales LLC Firm/Company Address Address City/State and Zip Code pabay_rr.com address: (to be used for future annual report notification) please call: 727 804 - 5265	
			727 804 - 5265	
Name of Person		f Person	Area Code Daytime T	elephone Number
Enclose	d is a check for th	ne following amount:		
□ \$25.	.00 Filing Fee			

MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

West Coast Wheels 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 ______ 5, 2017 and assigned Florida document number L17000123134 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) n/a Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida City

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>	Address	Type of Action
AP	Jennifer DeMenezes	225 11th Ave NE St Petersburg, FL 33701	
			■ Remove
			Change
			Add
			П Кеточе
			Change
			C Add
			□ Remove
			Change
			
			□ Remove
			Change
	72		C Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change

1			
			
· · · · · · · · · · · · · · · · · · ·			
			
			
-			
		₽ς	
			===
	- · · · · · · · · · · · · · · · · · · ·		.
		NSSE YSSE	CO grand
		m_	E M
		100 mg/s	* (
		ORIDE	eti An Car
		——————————————————————————————————————	
P	J. 4	(C D	
n effective date, it other than the in effective date is listed, the date mus	date of filing: to be prior to date of fi	(optional) iling or more than 90 days after filing.) Purs	uant to 605.02
ote: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable statute	ory filing requirements, this date will r	not be listed a
cumulati s'esteccive cuite ou une ex-	parameter of outer 3 records		
record specifies a delayer	l effective date, but not an effe	active time at 12:01 a.m. on th	no earlier /
The 90th day after the reco		cave time, at 12.01 a.m. on a	ie edinei (
	2017		
August 24 tted	·		
August 24	nia De Meni	Softstive of a member	
August 24	Signature of a member or authorized repre	ntative of a member	

Page 3 of 3

Filing Fee: \$25.00