# L17000124262

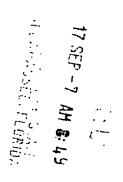
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Debary Auto Sales IC 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:
Lily Dyer Name of Person
Debary Auto Sales 11c
19 Legion PL Address
Deboyy Fl 32-713  City/State and Zip Code  rdyer 999 @ 901. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LIU Dyer at (386) 262 - 4369 or 386-801587C  Name of Person at (386) Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  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**

Name of the Limite	DHO CALE  d Liability Company as  A Florida Limited Liabili	it now appears on our ty Company)	r records.)	_ <del>_</del>	
The Articles of Organization for this Limited Lia Florida document number $\frac{L17000124}{}$		filed on <u>UN</u>	-7-201	7 and assign	ed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability	company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability Co	ompany," the designation	on "LLC" or the ab	breviation "L.L.C	."
Enter new principal offices address, if applica	ble:			<del></del>	
(Principal office address MUST BE A STREET	<u> [ADDRESS]</u>				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u></u>			17 SEP - 7 AH &	
B. If amending the registered agent and/or registered agent and/or the new registered off		address on our i	records, <u>enter-</u>	the name of	the nev
Name of New Registered Agent:	Lily	Dyer	<del></del>		
New Registered Office Address:	232 S	Beach Enter Florida street	S+ et address		<del></del>
	Ormond	Beach	Florida	32174 Zip Code	
New Registered Agent's Signature, if changing Re	egistered Agent:				

### <u> N</u>

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.

> I Changing Registo ed Agent, Signature stered Agent

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>	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00