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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:





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DIVISION DE CONTRA CARDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Debayy Auto Sales IIC 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:
Name of Person
Debury Auto Sales 11c
19 Legion Place
Debary Fl 32713 City/State and Zip Code
into Adebaryayosales. Con Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lity Dyer at (386) 262 4369 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Debary Auto	Sales 11c		
(<u>Name of the Limited Liabit</u> (A Florid	tity Company as it now appears on o la Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability C	ted liability company here: ited Liability Company." the designation "LLC" or the abbreviation "LLC" ESS)		
Florida document number	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.	IC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		<u></u>
		∞	<u> </u>
		ين	22
Enter new mailing address, if applicable:			1334 1325
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17 (7 17		records, enter the name	of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet address	
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 or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Flo		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> Type of Action Name Address Jyer 19 legion Pl Debary Fl, DANG 32713 Remove _□ Change □ Add _□ Remove _□ Change □ Add ☐ Remove _□ Change ___ 🗆 Add _□ Remove _ Change _□ Ađd ☐ Remove ☐ Change ☐ Remove

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lffecti	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu	ant to 605 (กวก
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no		
iocum	ent's effective date on the Department of State's records.		
ie rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th	e earlie	ГС
	90th day after the record is filed.		
	Sant - 76-2 2018		
Dated .	Sept-26-2 2018		
	Tely Durch		
	Signature of a member or automized representative of a member		

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Filing Fee: \$25.00