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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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(Do	ocument Number)	
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J. HARRIS

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	AP MOTOI	RS AUTO SALES LLC		
		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ELISEO NIEVES		
			Name of Person	
		AP MOTORS AUTO SAL	ES LLC	
			Firm/Company	
		2581 N ORANGE BLOSS	OM TRAIL UNIT B	
			Address	
		KISSIMMEE FL 34744		
			City/State and Zip Code	
		APMOTORSAUTOSALES	-	
		E-mail address: (to be used for future annual report notifi	cation)
For further is	nformation c	oncerning this matter, please co	all:	
ELISEO NII	EVES		407 750-8333	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Fiting 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:

TQ:

Registration Section

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

AP MOTORS AUTO SALES LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u> }	 -	
The Articles of Organization for this Limited Liability Company Florida document number L17000128759	were filed on 06/13/2017		_ and assi	gned
This amendment is submitted to amend the following:				
x. If amending name, <u>enter the new name of the limited liah</u>	oility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	Siry Company " the decimation "LLC"		nimi and the contract of	<i>(: "</i>
The new manie mass of distinguismore and contain the words. Elimited Elator	imy company, the designation life	or the abore	rialion; ii	
Enter new principal offices address, if applicable:		<u>;</u>	<u> </u>	·
Principal office address MUST BE A STREET ADDRESS)		-	<u>~-1</u>	r
	<u></u>	***	-,	
			·	
Inter new mailing address, if applicable:			T. P.J	
			- -	
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered o		enter the	name e	of the
egistered agent and/or the new registered office address her	<u>'e</u> :			
Name of New Registered Agent:	,-			
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address	 		
	171	eida		
	, £10)	rida	Zin 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>	Type of Action
AMBR	ELISEO NIEVES A	120 WHITEHALL WAY	
		KISSIMMEE, FL 34758	≅ Remove
			Change
			
			☐ Remove
			□ Change
			Remove
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			· · · · · · · · · · · · · · · · · · ·
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			Add
			Remove
			Change

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ective date, if other than the date of filing:	onal) r filing.) Pursuant	. to 605.0207
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this	s date will not	be listed as
cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a	a.m. on the	earlier of
he 90th day after the record is filed.	; - z.	1000
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1/	:	₹ 5:
<i>U.</i> 1		7
10/1		
Will form of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		를

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00