

L17000150402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

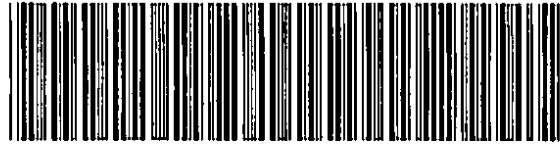
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FILED
17 JUL 19 AM 8:48
TALLAHASSEE, FLORIDA

D. SCOTT

JUL 25 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHOWCARS OF BOCA RATON 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:

DAVID MILLER
Name of Person

SHOWCARS OF BOCA RATON LLC
Firm/Company

170 NW 16TH ST. STE A
Address

BOCA RATON FL. 33432
City/State and Zip Code

DAVID ACTION @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID MILLER at (443) 497-3001
Name of Person Area Code Daytime Telephone Number

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17 JUL 19 11 08 42
TALLAHASSEE, FL

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**

SHOW CARS BOCA RATON 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 7-12-17 and assigned Florida document number L17000150402.

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:

(Principal office address MUST BE A STREET 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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DAVID COLLETT MILLER

New Registered Office Address:

170 NW 16TH ST. STE A

Enter Florida street address

Boca Raton

City

Florida

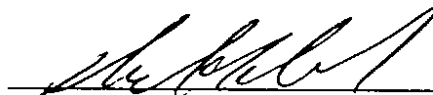
33432

33432

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>
<u>GP</u>	<u>DAVID COLLETT</u>		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u> <u>GP</u>	<u>DAVID COLLETT MILLER</u>	<u>170 NW 16TH ST STE A BOCA RATON FL 33432</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u> <u>GP</u>	<u>HOWARD LEE CASIEMAN</u>	<u>170 NW 16TH ST STE A BOCA RATON FL 33432</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		<u>HOWARD LEE CASIEMAN</u>	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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170 NW 16TH ST STE A BOCA RATON FL 33432

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

① PLEASE ADD DAVID COLLETT MILLER AS AN OWNER

② PLEASE CORRECT HOWARD'S NAME TO ADD FULL MIDDLE NAME, LEE, INSTEAD OF INITIAL, L.

THANKS VERY MUCH

E. Effective date, if other than the date of filing: _____ (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 7-17, 2017.

[Signature]
Signature of a member or authorized representative of a member

DAVID COLLETT MILLER
Typed or printed name of signee

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17 JUL 19 11 18 43
TREASURY