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COVER LETTER

	ision of Cor	ction porations		
SUBJECT:	ELITE AU	TO APPEARANCE OF SOUT	HWEST FLORIDA, LLC	
		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MICHAEL HUMES		
			Name of Person	
		ELITE AUTO APPEARA	NCE OF SOUTHWEST FLORIDA	, LLC
			Firm/Company	
		2008 ANN AVE NORTH	•	•
			· Address	· ·
		LEHIGH ACRES, FL 339	771	
		SOLUCIONES2@YAHOO	City/State and Zip Code D.COM	
			to be used for future annual report notif	ication)
For further in	formation c	oncerning this matter, please ca	all:	
MICHAELI	HUMES		786 333-0984	
	Name o	f Person		: Telephone Number
Enclosed is a	check for th	ee following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ELITE AUTO APPEARANCE OF SOUTHWE	EST FLORIDA, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) inuted Liability Company)		
The Articles of Organization for this Limited Liability Con	mpany were filed on 08/23/2017	and assigned	
Florida document number L17000180350			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRE,	<u>'</u>		<u> </u>
	<u> </u>		
		<u><</u>	
Enter new mailing address, if applicable:		7	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u>. 1</u> .3
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		05	: ۳۰۰ این
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses	·	er the name of the	e ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	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>	Address	Type of Action
MGR	NICHOLAS A MOHAMMED	4705 DELEON ST, APT 180	
		FORT MYERS, FL 33919	■ Remove
			Change
			Add
			Remove
		<u> </u>	Change
			Add
			Remove
			□ Change
	· 		□ Add
			Remove
			Change
			□ Remove
		 -	Change
			Add
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Effective date, if other tha	the date of filing:	(optional)
Note: If the date inserted in	e must be specific and cannot be prior to date of filing or more iis block does not meet the applicable statutory filing r	requirements, this date will not be listed as the
document's effective date on	he Department of State's records.	
no roperd anosifica a da	and effective data but not an effective time	no at 12:01 a m on the carlier of
The 90th day after the	ayed effective date, but not an effective tin record is filed.	ne, at 12.01 a.m. on the earner or.
Dated NOVEMBER 9	2017	
	Michael Ames	.
	Signature of a member or authorized representative of	6

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Typed or printed name of signee

Filing Fee: \$25.00