117000/80350

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Statu	s
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R. MHITE JAN 29 2020



January 13, 2020

MICHEAL HUMES 2008 ANN AVE N LEHIGH ACRES, FL 33971

SUBJECT: ELITE AUTO APPEARANCE OF SOUTHWEST FLORIDA, LLC

Ref. Number: L17000180350

We have received your document for ELITE AUTO APPEARANCE OF SOUTHWEST FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT BENEFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 120A00000829

COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: El	te Auto A	Preavance	of Southwest Florida LLC.
	Name of Liny	ited Liability Company	Horida LLC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Milhae	1 Home>	
	Elite Auto Ap	PEUVANCE OF SOUT	hwest floridg LLC
	2008 Ann	AVE V	
	Lehigh A	(VI), FL 37 City/State and Zip Code	3971
	eliteauto E-mail address: (1	appear 60 00+	look.com
For further information c	concerning this matter, please ca	aH:	
Mi (hae 1 Name o	Home >	at (<u>X34</u>) <u>848</u> Area Code Daytim	8 - 67 49 e Telephone Number
Enclosed is a check for t	he 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)
	Section Corporations	Street Address: Registration Se Division of Cor	porations
Division of Corporations P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Auto Appearance of Southings+2Florlightle (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 Co	ompany were filed on	1/21/20	and assigned
Florida document number L1700018031	<u>5</u> 0		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit \mathcal{N}/\mathcal{A}			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the	designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:		<u>// </u>	
(Principal office address MUST BE A STREET ADDRI	<u> </u>		14.1514
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our i	records, enter the name	e of the new registered
Name of New Registered Agent:	N/F	1	····
New Registered Office Address:	Enter Flo	rida street address	
		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 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	Michael Hume>	2008 Ann Ave N	🗆 Add
		Lehigh AGres, FL	□Remove
		33971	XChange
AMBR	Michaeltlumes	2008 Ann Ave N	
		Lehigh Acres, FL	□Remove
		33971	□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			⊡Remove
			□Change

D. If amending any other information, enter change(s) here: (A	ttach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, record is filed.	at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated 1/2//2020	
Dated 1/2/2020 Muy Num Signature of a member or authorized Michael Homes Tuped or printed as	representative of a member
Michael Humes	
Typed or printed na	me of signee