11800038668

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COVER LETTER

		Corporations		
CHDIECT.	Leader	Automotive Sales LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return	all corr	spondence concerning this matter	to the following:	
		Dan Thomas		
			Name of Person	
		Leader Automotive Sales	LLC	
			Firm/Company	
		424 S Babcock Street		
			Address	
		Melbourne Florida 32901		
			City/State and Zip Code	
		Leaderauto2016@gmail.com		7
For further in	nformati	on concerning this matter, please co	to be used for future annual report noti	neation)
Dan Thomas			321 626-1672	
			at ()	
	Na	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a	check 1	or the following amount:		
≅ \$25.00 F	îling Fe	c □ \$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)
	Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations 3 Box 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	on rations
	Ta	llahassee, FL 32314	2661 Executive Ce Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leader Automotive Sales LLC		
(<u>Name of the Limited Liability Compa</u> (A Fforida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on February 12 2018	and assigned
Florida document number L18000038668		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	<u>, , , , , , , , , , , , , , , , , , , </u>
Enter new principal offices address, if applicable:		ECRE
Principal office address MUST BE A STREET ADDRESS)		EB 2
		<u> </u>
		PM PM
Enter new mailing address, if applicable:		7: 051
Mailing address MAY BE A POST OFFICE BOX)		ක විස
B. If amending the registered agent and/or registered o	ffice address on our records, enter	the name of the new
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
	City	Esp Conte

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

Title Name Address Type of Action

MGR Charolette J Medina 1267 Sheafe Ave. Palm Bay Fl. 325

Add

Remove

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D. If am	ending a	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an ef <u>Note:</u>	fective date If the da	c, if other than the date of filing:	
		ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier day after the record is filed.	of:
Dated	02/23/20	018	
		An noh	
		Signature of a member or authorized representative of a member	
	Cha	Typed or printed name of signee	
		typed or printed name of signee	
		Dags 2 of 2	

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Filing Fee: \$25.00