

L18000099524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

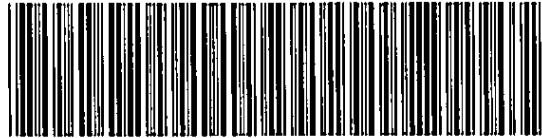
(Document Number)

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18 AUG - 2 AM 8:24

T. CLINE

AUG - 8 2018

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Baron Automotice, 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:

Nancy L Baron  
\_\_\_\_\_  
Name of Person

Baron Automotice LLC  
\_\_\_\_\_  
Firm/Company

4378 Domestic Ave Unit A  
\_\_\_\_\_  
Address

Naples, Florida 34104  
\_\_\_\_\_  
City/State and Zip Code

baronautomotive1@aol.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

18 AUG - 2 PM 8:24

For further information concerning this matter, please call:

Nancy L Baron  
\_\_\_\_\_  
Name of Person

239 404-0410  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

18 AUG -7 PM 8:29  
and assigned

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

and assigned

Baron Automotive, LLC

1100 Commercial Blvd

Ste 105

Naples, FL, 34104

1100 Commercial Blvd

Ste 105

Naples, FL. 34104

Enter Florida street address

**. Florida**

Civ

Zip Code

Page 1 of 3

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

FEI/EIN Number 82-5326569 was not listed on form and this is the correct EIN number

16 11:15 15 8:24

**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 07/31

2018

2018

*Laurel P. Baron*

Signature of a member or authorized representative of a n

Nancy L. Baron

Typed or printed name of signee