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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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EXAMINER

## **COVER LETTER**

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SUBJECT:		motice, LLC				
SOBJECT.			ited Liability Company			
		Amendment and fee(s) are sub-				
Please return	ali correspo	ndence concerning this matter to Nancy L Baron	to the following:			
			Name of Person			
		Baron Automotice LLC				
			Firm/Company			
		4378 Domestic Ave Unit A	A			18
			Address	-	<u>.</u> .	E .:5
		Naples, Florida 34104			ۍ <u>د</u>	r.→
		baronautomotive l@aol.con	City/State and Zip Code			<u></u> છ
		E-mail address: (	to be used for future annual report notifi	cation)		£.
For further in	iformation c	oncerning this matter, please ca	all:		-	-
Nancy L Bar	ron		239 404-0410 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified (additional c	e of Statu Copy	
	••	ING ADADESS	020000000000000000000000000000000000000	en a norman		

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

and assigned		
he abbreviation "L.L.C."		
Ste 105		
Naples, FL. 34104		

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> Name Address Type of Action \_□ Add ☐ Remove \_□ Change □ Add ₩, \_\_ Remove ₹5 \_□ Ĉĥange □ Æði ☐ Remove ☐ Change \_□ Add ☐ Remove \_□ Change \_□ Add \_□ Remove \_□ Change □ Add ☐ Remove

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Filing Fee: \$25.00