

LI8000 121316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

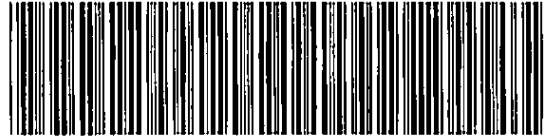
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700314509617

08/19/19--01012--009 ++25.00

FILED
SERIALS
DIVISION
2019 JUN 29 PM 3:26

N. CAUSSEUX

JUL -2 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2018

CLARENCE BROWN
BUCKET CITY AUTO SALES
5004 E FOWLER AVENUE STE C-304
TAMPA, FL 33617

SUBJECT: CBROWN ENTERPRISE LLC
Ref. Number: L18000121316

We have received your document for CBROWN ENTERPRISE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Shelia H Young
Regulatory Specialist II

Letter Number: 118A00012853

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CBrown Enterprise 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:

Clarence Brown
Name of Person

CBrown Enterprise DBA Bucket City Auto Sales
Firm/Company

5004 E. Fowler Ave Ste C-304
Address

Tampa FL 33617
City/State and Zip Code

BucketcityAutoSales@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Clarence Brown at (813) 603-0024
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

Shika
850 245 6030
ATT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

C Brown Enterprise LLC

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

2018 JUN 29 PM 4:26
SECRETARY OF STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/15/18 and assigned
Florida document number L18000121316.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Clarence Brown	5004 E. Fowler Ave	<input checked="" type="checkbox"/> Add
		Ste C-304	<input type="checkbox"/> Remove
		Tampa FL 33617	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SECTION 215
JUN 26 2011
PM 3:26
TAMPA, FL

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

FILED
JUN 29 2018
PM 3:27

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 June 27th, 2018

C-3

Clarence Brown
Typed or printed name of signee