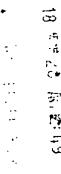


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	(Address)
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ı	(City/State/Zip/Phone #)
ļ	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Business Entry Warne)
	(Document Number)
	Certified Copies Certificates of Status
	
	Special Instructions to Filing Officer:





06/28/18--01019--025 **60.00





COVER LETTER

TO:	Registration Se Division of Cor				
entin 11:7					
SUBJEC	CT:				
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		MICHAEL D. BEAVER			
			e submitted for filing. TER Name of Person LET, LLC Firm/Company 1 S Address LORIDA 32086 City/State and Zip Code com ress: (to be used for future annual report notification) ase call: 304 3797-8800 Area Code Daytime Telephone Number		
		BEAVER CHEVROLET.			
			Firm/Company		
		Name of Limited Liability Company ticles of Amendment and feets) are submitted for filing. correspondence concerning this matter to the following: MICHAEL D. BEAVER Name of Person BEAVER CHEVROLET, LLC Firm/Company 2995 US HIGHWAY 1 8 Address ST. AUGUSTINE, FLORIDA 32086 City/State and Zip Code mikeb@beavertoyota.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: ver 904 797-8800 Area Code Name of Person Name of Person Area Code S 560,00 Filing Fee, Certificate of Status Certified Copy (additional copy we enclosed) Certified Copy (certified Copy (additional copy we enclosed)			
	Division of Corpor BEAVER GM. JECT: enclosed Articles of Am se return all corresponde further information conc hacl D. Beaver Name of Periods osed is a check for the formation of the form		Address	 _	
		ST. AUGUSTINE, FLORI	DA 32086		
		mikeb@beavertoyota.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notifi	cation)	
For furth	ier information c	oncerning this matter, please ca	dl:		
Michael	l D. Beaver				
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	d is a check for th	ne following amount:			
□ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

BEAVER GM, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000125570}{1.18000125570}$.	were filed on May 18, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
BEAVER CHEVROLET, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applicable:	2995 US HIGHWAY I S	
(Principal office address MUST BE A STREET ADDRESS)	ST. AUGUSTINE, FLORIDA 32086	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2995 US HIGHWAY 1 S ST. AUGUTINE, FLORIDA 32086	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the
	<u>.</u> .	
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	<i>;</i>
	, Florida	· .
	City	Zip Code -
New Registered Agent's Signature, if changing Registered Agent:		37

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL D. BEAVER	2995 US HIGHWAY 1 S	
		ST. AUGUSTINE. FL 32086	☐ Remove
			■ Change
MGR	LINDA Y. BEAVER	2995 US HIGHWAY 1 S	= Add
		ST. AUGUSTINE, FL 32086	Remove
			Change
MGR	NICHOLAS REUTHER	2995 US HIGHWAY 1 S	B Add
		ST. AUGUSTINE, FL 32086	☐ Remove
			Change
			
			□ Remove
			Change
		<u></u>	□ Remove
			Change
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if nece	•
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r.Heet Han ef	ve date, if other than the date of filing: (option of the date of filing or more than 90 days after the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	mai) filing.) Pursuant to 605.020
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this	date will not be listed a
docum	ent's effective date on the Department of State's records.	
ne re	ord specifies a delayed effective date, but not an effective time, at 12:01 a	i.m. on the earlier o
ine	90th day after the record is filed.	
Dated		
	1 Ann	
	Signature of a member or authorized representative of a member	
	MICHAEL D BEAVER	

Page 3 of 3

Filing Fee: \$25.00