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PICK-UF	P WAIT	MAIL
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COVER LETTER

SUBJECT: <u>PREH</u>	AY AUTU S Name of Limi	ALES LLC ted Liability Company	
	mendment and fee(s) are subr	_	
	COLLETTE	PREHAY- MAT	THEW
	PREHAY AL	UTD SALES Firm/Company	
	1707 EME	BASSY DRIVE, C	INIT 201
	WEST PALM Prehay Gute E-mail address: (10	City/State and Zip Code City/State and Zip Code Code C	COM_
For further information con	ncerning this matter, please ca	dl;	
Elv 15 PI	REHAY Person	at (<u>954) </u>	34.31 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

TO:

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

PREHAY AUTO SA (Name of the Limited Liability Compa (A Florida Limited I	ALES LLC ny as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000 165 772</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability is a submitted liability in the limited liability is a submitted liability.		and assigned 18 NOV -2 TALLAHASSI
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the	c abbreviation C.C. P. C. P. C. P. C. P. C. P. C. P. P. C. P. P. C. P. C. P. C. P. C. P. P. C. P. C. P. P. C. P. C. P.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1707 EMBASSY D UNIT 201 WEST PALM BEAC	PRIVE H FL33401
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	Citi	гар соше

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 Mem	ber		
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	COLLETTE	PREHAY-MATTHEN	1707 EMBASSY DRIVE	🗹 Add
			UNIT 201	□ Remove
			WEST PALM BEACH FL3340	<u>⊅</u> □ Change
AMBR	COLLETTE	PREHAY-MATTHEW	1707 EMBASSY DRIVE	@ Add
			UNIT 201	Remove
			WEST PALM BEACH FL 334	O □ Change
AMBR	VANTOL	IE PREHAY	1549 COVE LAKE RUAD	D∕Add
			NORTH LAUPERDALE	🗆 Remove
			FL 33068	Change
				□ Remove
				Change
				□ Add
				Change
				□ Add
				_□ Remove
				□ Change

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(If an effective Note: 1	the date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Signature of a morpher or authorized representative of a member
	COLLETTE PREHAY - MATTHEW Typed or printed name of signee

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Filing Fee: \$25.00