

**L18000170375**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

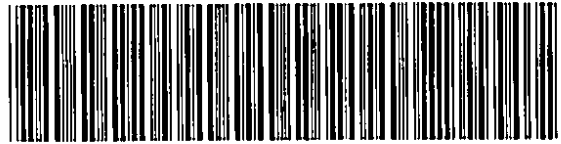
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**600316460726**

08/02/18--01027--006 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG -2 PM 12:58

N COOPER

AUG 08 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E & L Brother's AUTO SALES 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:

LUCKY CLAIR  
Name of Person

E & L Brother's AUTO SALES LLC  
Firm/Company

503 SOUTH FLAGLER AVE #47  
Address

POMPANO BEACH FL 33060  
City/State and Zip Code

LUCKY CLAIR 329 YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUCKY CLAIR at (954) 338-8781  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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 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

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

E 4 L Brothers's AUTO SALES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 224 16/ 2018 and assigned  
Florida document number 218000170375.

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG - 2 PM 12:58

**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>
<u>VP</u>	<u>Edward Aclair</u>	<u>4363 SW 10<sup>th</sup> Pl Apt 204</u>	<input checked="" type="checkbox"/> Add
		<u>Deerfield Beach FL 33442</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>TREAS</u>	<u>Edward Aclair</u>	<u>4363 SW 10<sup>th</sup> Pl Apt 204</u>	<input checked="" type="checkbox"/> Add
		<u>Deerfield Beach FL 33442</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>off</u>	<u>Edward Aclair</u>	<u>4363 SW 10<sup>th</sup> Pl Apt 204</u>	<input checked="" type="checkbox"/> Add
		<u>Deerfield Beach FL 33442</u>	<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

18 AUG - 2 PM 12:58

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG -2 PM 12:58

**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.

Dated July 30, 2018

J. CLAIR.

Signature of a member or authorized representative of a member

Lucky chair

Typed or printed name of signee