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M. MILLIGAN

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M. MILLIGAN

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: MA	VERICK AUTO Name of Limi	O SALES LL ited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		ROSDURY Name of Person PLATO SALES Firm/Company MARCEL PLACE	
		Address	
	LAK City DAVE D MA E-mail address: (F1. 32055 City/State and Zip Code FUERICK AUTOSAGE to be used for future annual report notifi	stc.Com
For further information c	oncerning this matter, please ca	all:	
		at () Area Code Daytime	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAUERICK AU	TO SALES LLC	State of the same
(Name of the Limited I	TO SACES LLC Liability Company as it now appears on our Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabi Florida document number <u>41800243665</u>	<i>i</i>	16/18 and assigned
This amendment is submitted to amend the followi		
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	1DDRESS)	
	<u></u> .	· · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	<u> </u>	.
B. If amending the registered agent and/or registered agent and/or the new registered office		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		Florido
-	City	, Florida 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 Title Address Type of Action MGR DAVID R. ROSBURY 128 NW MARCEL A. DAdd

LAKE City F1. 32055 DRemove Change ____ Remove __

Change □ Add □ Remove _□ Change □ Add ☐ Remove □ Change □ Add _□ Remove _□ Change _□ Add ☐ Remove _____ Change

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Note: 1	ve date, if other than the ctive date is listed, the date must be the date inserted in this but is effective date on the I	lock does not meet	the applicable stat	f filing or more than 90 utory filing requirer	(optional) days after filing.) Pursu nents, this date will no	ant to 605.0207 (3 of be listed as th
	ord specifies a delaye 90th day after the re		e, but not an ef	fective time, at	12:01 a.m. on th	e earlier of:
Dated_	12/20/18	<u> </u>	 Q =			2010 DEC 2'0
		Signature of a men	iber or authorized re			

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Filing Fee: \$25.00