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COVER LETTER

TO:	Regi: Divis	stration Se ion of Cor	ction porations					
SUBJEC	CT:	Citrus Cou	nty Auto Sales, LLC					
SUBJECT: Name of Limited Liability Company								
The encl	osed A	Articles of A	Amendment and fee(s) are su	ibmitted for filing.				
			ndence concerning this matte					
			Daniel A Benoit, Jr.					
	Name of Person Citrus County Auto Sales, LLC							
Firm/Company PO 8ox 42								
	Address Hernando, Florida 34441							
			karen.benoit@aol.com	City/State and Zip Code				
			E-mail address: (to be used for future annual re-	port notification).		
For furthe	r info	mation con	ncerning this matter, please c	all:				
Karen Be	enoit	352 279-0931						
		Name of P	Person	Area Code	Daytime Teleph	one Number		
Enclosed i	is a ch	eck for the	following amount:					
□ \$ 25.00			☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Citrus County Auto Sales, LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited I	Liability Compan	y were filed on August 07,20	19 añ	
Florida document number L19000200973	<u> </u>			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	lity Company," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		4485 N. Carl G. Rose Hwy		
(Principal office address MUST BE A STREET ADDRESS)		Hernando, Florida 34442		
Enter new mailing address, if applicable:		PO Box 42		
(Mailing address MAY BE A POST OFFICE BOX)		Hernando, Florida 34441		
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of	ffice address on our recor	ds, enter the nan	
Name of New Registered Agent:	Daniel A Beno	it, Jr		
New Registered Office Address:	4485 N. Carl G. Rose Hwy			
		Enter Florida street addr	ess	
	Hernando	, F	Torida 34442	
		City	Zip Cod	

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 conprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar waccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liable company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Ag-

Traincituding Authorized Person(s) authorized to manage, enter the title, name, and address of each peror removed from our records: MGR = Manager AMBR = Authorized Member Title Name <u>Address</u> <u>Ty</u> Daniel A Benoit III 2249 Pine Place **AMBER** Neptune Beach, Florida 32266 _[______ Karen K Benoit 2525 No Lakefront Drive **AMBER** Hernando, Florida 34442 _□ R _ 🗆 Ac □ Rc ☐ Ch □ Re □ Ch: □ Adı □ Ren

_□ Cha

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. Effective date, if other than the d	ate of filing:		(and a b
(If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	be specific and cannot be prior k does not meet the anali.	Cable statutory filing require	(optional) 90 days after filing.) Pursuant to ements, this date will not be
the record specifies a delayed of the 90th day after the recor	effective date, but no d is filed.	ot an effective time, a	t 12:01 a.m. on the ea
September 12,	2019		
Kuren KI	Benort	orized representative of a mem	
/ Si	gnature of a member or auth	orized representative of a mem	ber
Karen K Benoit			
	Typed or print	ed name of signee	

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Filing Fee: \$25.00