

119 000208693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

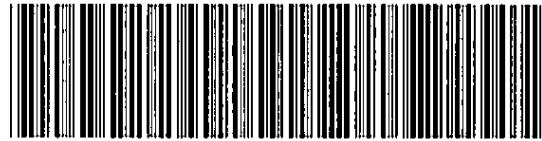
(Business Entity Name)

(Document Number)

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10/18/19--01010--025 **25.00

19 OCT 18 AM 9:50
CLERK OF STATE
CORPORATIONS

Amend

NOV 05 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JR 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:

Maria Robles
Name of Person
JR auto sales LLC
Firm/Company
14124 Hicks Road
Address
Hudson, FL 34669
City/State and Zip Code
roblesm87@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Robles at (813) 600-9492
Name of Person Area Code Daytime 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
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

19 OCT 19 PM 3:50

STATE
DIVISION OF CORPORATIONS

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

JR 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 10-15-19 and assigned
Florida document number L19000208693

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)

14124 Hicks Road
Hudson, FL 34669

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Maria Robles

New Registered Office Address:

14124 Hicks Road

Enter Florida street address

Hudson

City

Florida

34669

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>
MGR	Maria Robles	Please Add Maria Robles	<input checked="" type="checkbox"/> Add Look
	_____	(X) 6310 Westport Drive	<input checked="" type="checkbox"/> Remove Look
		Port Kichy Fl 34668	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
	Principal office	14124 Hicks Road	<input checked="" type="checkbox"/> Add Look
		Hudson Fl 34668	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
	Juan C. Robles		<input type="checkbox"/> Add
		Please Remove	<input checked="" type="checkbox"/> Remove Look
		Juan C. Robles	<input type="checkbox"/> Change
		MGR	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please Remove Juan C. Nobles
as a Manager add Maria
Nobles as Manager; change
the principal office address ~~from~~
to 14124 Hicks Road Hudson,
Fl. 34669
Article II 14124 Hicks Road
Article IV title MGR = Maria Nobles
Thanks-

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

10/15/19



Signature of a member or authorized representative of a member

Maria Nobles

Typed or printed name of signer