

M06 000001045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

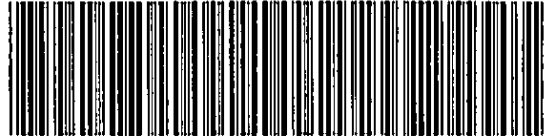
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800352469018

09/24/20--01019--002 **25.00

FILED

2020 SEP 24 PM 6:37

CLERK OF COURT
JANET L. SAMPSON
411 S. GAVIN BLVD.
TAMPA, FL 33602

OCT 30 2020

S. YOUNG



September 23, 2020

Via Overnight Mail – 850-245-6051

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St.
Suite 810
Tallahassee, FL 32301

Re: Application by Foreign Corporation for Authorization to File Amendment to
Certificate of Authority to Transact Business in Florida

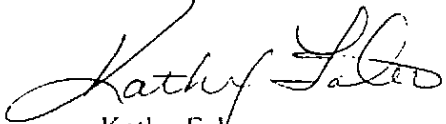
To whom it may concern:

Please find an attached executed Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for EFN West Palm Motor Sales, LLC adding Bruce Etheridge as an Authorized Member along with our fee of \$25.00. I have enclosed a certificate of good standing from the Illinois Secretary of State and a pre-paid overnight envelope for the return filing.

Please proceed with the filing for EFN West Palm Motor Sales, LLC. Should you have any questions or concerns please don't hesitate to contact me at 630-455-2907.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Kathy Falco".

Kathy Falco
Paralegal
Napleton Automotive Group

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EFN West Palm Motor Sales, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Falco

Name of Person

Napleton Automotive Group

Firm/Company

1 Oakbrook Terrace, Suite 600

Address

Oakbrook Terrace, IL 60181

City/State and Zip Code

kathy.falco@napleton.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Falco

at (630) 455-2907

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: EFN West Palm Motor Sales, LLC

Enter new principal office 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)

2020 SEP 24 PM 6:38
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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA
WEST PALM BEACH, FLORIDA

2. The Florida document number of this limited liability company is: M06000001045

3. Jurisdiction of its organization: Illinois

4. Date authorized to do business in Florida: 02/22/2006

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

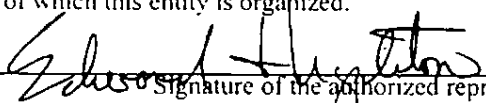
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

I would like to add Bruce Etheridge as an authorized member.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Bruce Etheridge	1 Oakbrook Terrace, Suite 600, Oakbrook Ter	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

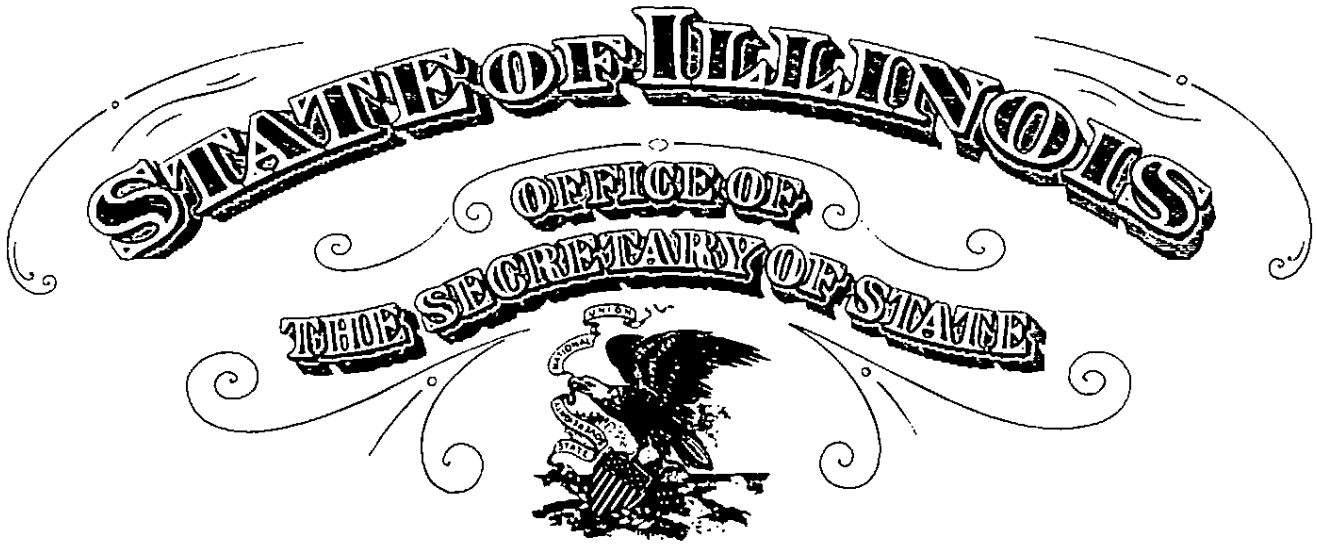
9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

EDWARD F. NAPLETON

Typed or printed name of signee

Filing Fee: \$25.00



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

EFN WEST PALM MOTOR SALES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 07, 2006. APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 23RD
day of SEPTEMBER A.D. 2020 .***

Jesse White

SECRETARY OF STATE