

Feb 17 2015 03:54pm

P001/004

MIS00004980
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000040980 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KYLLGORE, PEARLMAN, STAMP, CRNSTEIN & SQUIRES
Account Number : I19980000007
Phone : (407)425-1020
Fax Number : (407)839-3635

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DBVT MOTORS, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

RECEIVED

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TALLAHASSEE, FLORIDA

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COVER LETTER

To: Registration Section
Division of Corporations

SUBJECT: DBVT MOTORS, LLC

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:

Linda Cortright

Name of Person

DBVT Motors, LLC

Firm/Company

1550 E. Missouri, Suite 300

Address

Phoenix, AZ 85014

City/State and Zip Code

licensing@vtaig.com

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

For further information concerning this matter, please call:

Linda Cortright

at (602) 230-1051

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$15 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|---|---|

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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P003/004

Fax Audit No.: H15000040980 3

**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: DBVT Motors, LLC
2. The Florida document number of this limited liability company is: M15000000295
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: January 12, 2015

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

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

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: Change of manager(s) and officer(s)

Title/Capacity	Name	Address	Type of Action
MGR	Larry Van Thyl	1550 E Missouri #300 Phoenix, AZ 85014	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Berkshire Hathaway Automotive, Inc.	8333 Royal Ridge Pkwy #130 Irving, TX 75063	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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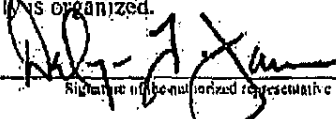
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VP	Patricia Van Tuyl	1550 E Missouri #300	<input type="checkbox"/> Add
		Phoenix, AZ 85014	<input checked="" type="checkbox"/> Remove
S/T	Allan M. Cady	7601 N Central Ave #24	<input type="checkbox"/> Add
		Phoenix, AZ 85020	<input checked="" type="checkbox"/> Remove
VP	Casey Flaherty	1331 SW 25th Way	<input type="checkbox"/> Add
		Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Remove
P	Jeffrey C. Rachor	8333 Royal Ridge Pkwy #130	<input checked="" type="checkbox"/> Add
		Irving, TX 75063	<input type="checkbox"/> Remove
S/T	Delwyn T. James	PO Box 45436	<input checked="" type="checkbox"/> Add
		Phoenix, AZ 85064	<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
Delwyn T. James, Secretary/Treasurer

Typed or printed name of signer

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA

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