

LD5000049552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

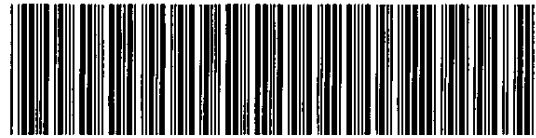
Special Instructions to Filing Officer:

L. SELLERS

JUN 23 2008

EXAMINER

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05/12/08--01043--013 **25.00

2008 JUN 20 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Advanced Technology Complete Auto Service
(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:

Sabrina Pinto
(Name of Person)

Advanced Technology Complete Auto Service
(Firm/Company)

19150 West Dixie Highway
(Address)

North Miami Bch., FL 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

Sabrina Pinto at (305) 945-5379
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2008

SABRINA PINTO
15150 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33162

SUBJECT: ADVANCED TECHNOLOGY COMPLETE AUTO SERVICE, LLC
Ref. Number: L05000049552

We have received your document for ADVANCED TECHNOLOGY COMPLETE AUTO SERVICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 908A00030776

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2008 JUN 20 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Advanced Technology Complete Auto Service, 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 05/18/2005 and assigned Florida document number LO5000049552.

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 end with 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)

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: Sabrina Scott

New Registered Office Address: 15150 W. Dixie Hwy.
(Enter Florida street address)

North Miami Bch., Florida 33162
(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 608, 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.

S. Scott
(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Table with columns: Title, Name, Address, Type of Action. Contains entries for Orlando Leon and Sabrina Scotti with checkboxes for Add and Remove.

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

Horizontal lines for entering additional information.

Dated

Signature of a member or authorized representative of a member
Typed or printed name of signee

2008 JUN 20 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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