L10000076222

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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10/12/10--01038--004 **25.00

SECRETARY OF SIALE DIVISION OF CERPORATION

N. Culligan Of 13 2010

COVER LETTER ...

Division of Co	rporations		
SUBJECT:	AUTOMA	TION REPS, LLC	
		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		HECTOR L CRUZ	
		Name of Person .	
		Firm/Company	
		15242 Perdido Dr	<u>.</u>
		Address	
		Orlando FL 32828 City/State and Zip Code	
•	hec E-mail address: (torcruzcpa@gmail.com to be used for future annual report notifi	cation)
For further information	concerning this matter, please o		
HE	CTOR CRUZ	#: (528-1276
Name	of Person	Area Code & Daytime	: Telephone Number
Enclosed is a check for t	he 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:

TO:

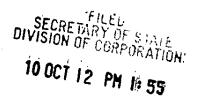
Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JIREH	<u>MORTUARY TRANSPOR</u>	T, LLC	
(Name of the Limit	<mark>ed Liability Company as it now appea</mark> (A Florida Limited Liability Company)	rs on our records.)	
		07/20/2010	and assigned
Florida document number L100000	76222		•
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	ent number L10000076222 Int is submitted to amend the following: Ing name, enter the new name of the limited liability company here: AUTOMATION REPS, LLC Intuition the distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation incipal offices address, if applicable: Exercise address MUST BE A STREET ADDRESS) Illing address, if applicable: Exercise MAY BE A POST OFFICE BOX) Intuition in the registered agent and/or registered office address on our records, enter the name of the new		
	·		
The new name must be distinguishable and end w "L.L.C."	with the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
	,		
• • • • • • • • • • • • • • • • • • • •		<u> </u>	
<u>(Principal office address MUST BE A STRE</u>	EET ADDRESS)		
	 		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
		•	
		our records, <u>enter t</u>	ne name of the new
registered agent and/or the new registered	office address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Er	nter Florida street addi	ress
		, 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 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.

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

	<u>Name</u>	Address	Type of A
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mendir	ng any other information, ento	er change(s) here: (Attach additional sheets, if necessary.)	
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	october 1	, 2010	
		member or authorized (epresentative of a member	

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Filing Fee: \$25.00