## L12000064242

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STONE MAY OF STATE
STONE MASSEE, FLORIDA

## **COVER LETTER**

,					
TO: Registration Section Division of Corporations					
SUBJECT: 24 Hove AutoMotive 11C  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:					
MICHAEL RICHARDSON Name of Person					
EY HOUR AUTOMOTIVE, LLC Firm/Company					
4509 OS HWY 19 Address					
NEW PORT RCHEY, TC 34668  City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:    Michael Richards   at (815) 405 - 3779     Name of Person   Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\$ \$60.00 Filing Fee, \$\$ \$60.00					
MAILING ADDRESS:  Registration Section  Registration Section					

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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HOUR AUTOMOTIVE, LLC SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records) LLAMASSEE, FLORIDA (A Florida Limited Liability Company) Florida document number <u>L12000064242</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 24 Hour Auto MoTIVE LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: PORT RICHEY, FL 34668 (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: New Registered Office Address: Enter Florida street address City

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

MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
NBR	MICHAEL RICHARDSON	8025 VALMY LANF VALMY LANG PORT RICHEY, FL 34668	Add Z Remove
		8025 VALMY LANE. PORT RICHEY, FL 34668	
			Add Remove
	<del> </del>		Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary	FILED 12 OCT -1 PH 2: 41 SLEWMASSEE, FLORID
Dated (	MICHAEL RICHARD		——————————————————————————————————————
	MICHAEL RICHAM Typed	SOSOS or printed name of signee	

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Filing Fee: \$25.00