L12000064242

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

TO:

Registration Section

Division of Corporations

HOUR AUTOMOTIVE LLC

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

24 HOUR AUTOMOTIVE, LLC

Firm/Company

4509 US HIGHWAY 19

Address

NEW PORT RICHEY, FL. 34652

City/State and Zip Code

mdr4848@yahoo.com

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

For further information concerning this matter, please call:

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited L Florida document number L12000064242	iability Company	were filed on 05/11	/2012	and	d assigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:			
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the desig	mation "LLC" or t	he abbreviati	on "L.L.C."
Enter new principal offices address, if applic	able:	4509 US HIGH	WAY 19		
Principal office address MUST BE A STREE	T ADDRESS)	NEW PORT RI	CHEY, FLO	RIDA 34	652
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	4509 US HIGH NEW PORT RI		RIDA 34	652
3. If amending the registered agent and/ registered agent and/or the new registered of	ffice address here			ARSH ARSH	me of the
Name of New Registered Agent:	MICHA	EL J. KIC	HUKDS		322 <u> </u>
New Registered Office Address:	4509 US HI	GHWAY 19		Angel (1) (2) Septi (4) Septi (4) Septi (5) Septi (6) Septi	7
		Enter Florida s	treet address	, ,	
	NEW PORT		, Florida	34652	
		City		Zip Č	ode

New Registered Agent's Signature, if changing Registered Agent:

24 HOUR AUTOMOTIVE, LLC

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL RICHARDSON	4509 US HIGHWAY 19, NEW PORT RICHEY, FL. 3465	2 ≅ Add
			Remove
MGR	BETTYL. GARRETT	8025 VALMY LANE	
		PORT RICHEY, FL 346	Remove
			 □ Add
			□ Remove
		en fi	Add
			□Remove
			CO CO
		A.S.	_□ Remove
			_ _□ Add
			_□ Remove

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ffective date, if other than the date of filing: ne effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State)	(optional) than 90 days after
he date this document is filed by the Florida Department of State)	(optional) than 90 days after
he date this document is filed by the Florida Department of State)	(optional) than 90 days after
Affective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State) Dated Signature of a member or authorized representative of a member of of a m	

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Filing Fee: \$25.00

