

L120000131230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

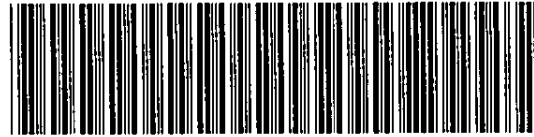
(Business Entity Name)

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TALLAHASSEE, FLORIDA

B. BOSTICK
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EXAMINER

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WALK IN

PICK UP: 10/16/12 Almeda

- CERTIFIED COPY _____
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- FILING LLC Amend

1. BRIAN'S Mobile Auto Colors LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

TALLAHASSEE FL 32303
12 OCT 16 PM 12:18

SPECIAL INSTRUCTIONS: Jamie@TAXSAVERSFL.net

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: Brian's Mobile Auto Colors LLC W/2000131230

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Brian's Mobile Auto Colors LLC
Name was misspelled. Name should be
Brian's Mobile Auto Colors LLC

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: _____

October 16 2012

Beth A. Wilson
Signature of a member or authorized representative of a member

Beth A. Wilson

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA

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**Electronic Articles of Organization
For
Florida Limited Liability Company**

L12000131230
FILED 8:00 AM
October 15, 2012
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

BRIAN'S MOBILIE AUTO COLORS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

3883 MAGARA TERRACE
NORTH PORT, FL. 34287

The mailing address of the Limited Liability Company is:

3883 MAGARA TERRACE
NORTH PORT, FL. 34287

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

BRIAN BATES
3883 MAGARA TERRACE
NORTH PORT, FL. 34287

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BRIAN BATES

Article V

The name and address of managing members/managers are:

Title: MGRM
BRIAN BATES
3883 MAGARA TERRACE
NORTH PORT, FL. 34287

L12000131230
FILED 8:00 AM
October 15, 2012
Sec. Of State
jbryan

Article VI

The effective date for this Limited Liability Company shall be:

10/15/2012

Signature of member or an authorized representative of a member

Electronic Signature: BRIAN BATES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.