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COVER LETTER

Registration Section Division of Corporations

TO:

J AUTO R SUBJECT:	EPAIR LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	JASON HEMINGWAY					
		Name of Person				
	J AUTO REPAIR LLC					
		Firm/Company				
	1412 GROVE PARK BLV	/D				
	 -	Address				
	JACKSONVILLE, FL 322	216				
		City/State and Zip Code				
	jautorepairjax@gmail.com					
	E-mail address: (to be used for future annual report not	ification)			
For further information c	oncerning this matter, please c	all:				
JASON HEMINGWAY		904 683-9993 at ()				
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ection			
Division of C	Corporations	Division of Co	Division of Corporations			
P.O. Box 632		The Centre of				
Tallahassee, l	FL 32314	2415 N. Monro	ne Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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1731	, , , ,	N I I	/ L !	II.	1.1	٠.

(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 04/26/2021	and assigned			
Florida document number L21000191656	were med on	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
J AUTO REPAIR LLC					
The new name must be distinguishable and contain the words "Limited Liab	ility 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:	1412 GROVE PARK BLVD	F. 123			
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32216	<u> </u>			
		70 70			
		100mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
B. If amending the registered agent and/or registered office	address on our records, enter the				
agent and/or the new registered office address here:		0,27			
Name of New Registered Agent:					
New Registered Office Address:					
The Manager of the Ma	Enter Florida street address				
	Florida				
<del></del>	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and . Or, if this document is			
If Cha	nging Registered Agent, <u>Signature of Ne</u>	w Registered Agent			

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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Iffective date, if other than the same effective date is listed, the date me Note: If the date inserted in this blocument's effective date on the same effective date.	ist be specific a block does not	nd cannot be prior the appli	cable statutory i	or more than 90 da Hing requiremen	(optional) ys after filing nts, this date	) Pursuant to will not be	605.0207 ( listed as t
record specifies a delayed effecti d is filed.	ve date, but n	ot an effective	time, at 12:01 a.	m. on the earlie	rof:(b) Th	e 90th day a	ifter the
Dated NOVEMBER 2nd		2021	·				
1.01							

Filing Fee: \$25.00

Typed or printed name of signee