## 109000028045

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05/08/09--01034--011 \*\*25.00

FILED
2009 MAY -8 PM 3: 09
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

MAY 1 1 2009

EXAMINER

## "COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Advance A	(Name of Limited Liability Company)	
The enclosed Articles of Amendment a	and fee(s) are submitted for filing.	
Please return all correspondence conce	rning this matter to the following:	
Sh	elia Green (Name of Person)	
<u>Adva</u>	nce Auto Bepair & A/C Li	LC_
122	4 E. Univ Avenue (Address)  NEShille, FL 32641	
Gair	18 (City/State and Zip Code)	
For further information concerning this  Shelia Green  (Name of Person)	at 252 372-36  (Area Code & Daytime Tele	94. ephone Number)
Enclosed is a check for the following a	mount:	
	Filing Fee & Status Status Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MATERICA PROPERTY CONTRACTOR AND ADDRESS OF THE PROPERTY		PDDDGG

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

Advance Auto Repair & AIC LLC

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited L (A F	ability Company as it now appears on orda Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number LONDODAS	ility Company were filed on 03 c 045.	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	<b>48</b> -4-44	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		•
	(Enter F	lorida street address)
	(01.)	, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title Name 1 <u>Address</u> Type of Action □ Add Remove Remove PRESIDENT Shelia Green Remove Registered Agent Shelia Green
Vice President Lorne Green Remove ☐ Add Kemove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated <u>0</u>4 Signature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00