

L15000024906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

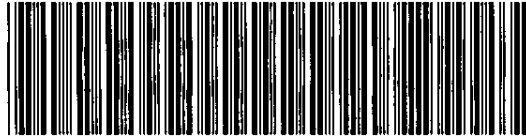
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

MAY 08 2015
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAMPA AUTO CLINIC, 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:

ROGER WHITE
Name of Person
TAMPA AUTO CLINIC, LLC
Firm/Company
3722 CYPRESS MEADOWS ROAD
Address
TAMPA, FL 33624
City/State and Zip Code
bklyn750@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROGER WHITE at 813 695-5004
Name of Person Area Code Daytime Telephone Number

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

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TAMPA AUTO CLINIC, LLC

(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 02/12/2015 and assigned Florida document number L15000026906.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability 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)

9512 MERCHANTS CENTER DRIVE

SUITE 109

TAMPA, FL 33624

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9512 MERCHANTS CENTER DRIVE

SUITE 109

TAMPA, FL 33624

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

_____, Florida

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 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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	WHITE, ROGER	9512 MERCHANTS CENTER DI	<input type="checkbox"/> Add
		SUITE 109	<input type="checkbox"/> Remove
		TAMPA, FL 33624	<input checked="" type="checkbox"/> Change
AMBR	ZWIRN, GREGORY S	9512 MERCHANTS CENTER DI	<input type="checkbox"/> Add
		SUITE 109	<input type="checkbox"/> Remove
		TAMPA, FL 33624	<input checked="" type="checkbox"/> Change
MGR	SMITH, DWIGHT L.	9512 MERCHANTS CENTER DI	<input checked="" type="checkbox"/> Add
		SUITE 109	<input type="checkbox"/> Remove
		TAMPA, FL 33624	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 1st, 2015

Signature of a member or authorized representative of a member

ROGER WHITE

Typed or printed name of signee

FILED 2015 MAY 4 PM 4:52 DEPARTMENT OF STATE PALM BEACH COUNTY FLORIDA