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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PAUL'S AUTO ALIGNMENT, 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:

LUIS TRUJILLO

Name of Person:

TRUJILLO'S ACCOUNTING SOLUTIONS, LLC

Firm/Company

1802 N TAMPANIA AVE

Address

TAMPA, FL 33607

City/State and Zip Code

trujigar@yahoo.com

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

For further information concerning this matter, please call:

LUIS TRUJILLO

Name of Person

813 325-8101

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2014

LUIS TRUJILLO
1802 N TAMPANIA AVE
TAMPA, FL 33607

SUBJECT: PAUL'S AUTO ALLIGNMENT, LLC
Ref. Number: L00000000323

We have received your document for PAUL'S AUTO ALLIGNMENT, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 014A00020053

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

PAUL'S AUTO ALLIGNMENT, 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 JAN 10, 2000 and assigned Florida document number L00000000323.

This amendment is submitted to amend the following:

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

PAUL'S AUTO ALIGNMENT, LLC

The new name must be distinguishable and end with 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)

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 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

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 6, 2014



Signature of a member or authorized representative of a member

DANIEL CASTELLANO

Typed or printed name of signee

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Filing Fee: \$25.00

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14 NOV - 3 PM 4: 25
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TALLAHASSEE, FLORIDA