## L0200009639

(Re	equestor's Name)	
(Ad	ldress)	
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**EXAMINER** 

## **COVER LETTER**

(Name of Limited Liability Company)

<b>TO</b> :	Registration Section Division of Corporations	
SUBJE	CCT: HERRING EQUIP	PMENT & REPAIR LLC (Name of Limited Liability Compa

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TOD HERRING	
(Name of Person)	
HERRING EQUIPMENT & REPAIR LLC	
(Firm/Company)	
190 NE 132 AVE	
(Address)	
CROSS CITY, FL . 32628	
(City/State and Zip Code)	
(, can all all car)	

For further information concerning this matter, please call:

**TOD HERRING** 

at ( 352 ) 498-9345

(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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2009

TOD HERRING HERRING EQUIPMENT AND REPAIR, L.L.C. 190 NE 132 AVE CROSS CITY, FL 32628

SUBJECT: HERRING EQUIPMENT AND REPAIR, L.L.C.

Ref. Number: L02000009639

We have received your document for HERRING EQUIPMENT AND REPAIR, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We didn't receive the 2nd page of application

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Letter Number: 609A00001767

Joey Bryan Regulatory Specialist II DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERRING EQUIPMENT & REPAIR 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 Liabili	ty Company were filed on APRIL 18, 2002	and assigned.
Florida document number L0200009639	<del></del>	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
HERRING AUTO LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AI	DDRESS)	<u>, , , , , , , , , , , , , , , , , , , </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	12.00
B. If amending the registered agent and/or re registered agent and/or the new registered office a		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida str	eet address)
•	. Flori	da
<del></del>	(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 16 his degradative 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)

MGR = M MGRM =	anager Managing Member		
Title	Name	<u>Address</u>	Type of Action
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			Add Remove
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D. If ame	nding any other information	, enter change(s) here: (Attach additional she	eets, if necessary.)
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7	an 21,	Winner	
	Signatu	fc of a member or authorized representative of a m	ember

Page 2 of 2

Filing Fee: \$25.00