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IZ JAN 30 PH 2: \$2
SECRETARY OF STATE
AND AHASSEF FLORIDA

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	Expert Ca	ar Care 3 L.L.C.				
	Name of Limi	ted Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
	James Sada					
		Name of Person				
	<u> </u>					
315 Spring Lake Hills Dr.						
		Address				
Altamonte Springs FL 32714						
		City/State and Zip Code				
	james: E-mail address: (t	sada@expertcarcare.com o be used for future annual report notific	ation)			
For further information	concerning this matter, please c	all:				
	James Sada	at (_407_)4	48-1455			
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	S55.00 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

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

12 JAN 30 PM 2: 42

		St 1500	2.42
	Expert Car Care 3, L.L.C.	TALLATIA	RY OF STATE
(Name of the Limit	Expert Car Care 3, L.L.C. ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.	SSEE, FLORIDA
	(A Florida Limited Liability Company)		- милод
The Articles of Organization for this Limited	Liability Company were filed on	09-12-2002	and assigned
1.000000	• • • • —		
Florida document numberLO20000	23049		
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability company her	·e:	
,	,	= '	
The new name must be distinguishable and end v "L.L.C."	with the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appl	licable:		
(Principal office address MUST BE A STRE	EET ADDRESS)		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	E BOV		
Muning dauress MAT BE A POST OFFIC.	<u></u>		<u> </u>
			
B. If amending the registered agent and		our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered	office address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	ress
		, Florida	
	City	, 1 1011444	Zin 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
		<u> </u>	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am		hange(s) here: (Attach additional sheets, if necessary.) Limited Liability Company has at least one	
	member.	ALLAHASSEE, FLORID	FILED 12 JAN 30 PM 2: 62
Dated	01-24	2012	
	Signature of a me	James Sada	
		yped or printed name of signee	
		Page 2 of 2 Filing Fee: \$25.00	