

L 04000013202

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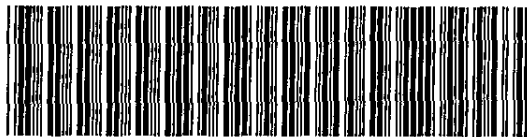
(Business Entity Name)

(Document Number)

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W 04/04/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTO WORLD L.L.C.
(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:

John E. Ridgeway
(Name of Person)

AUTO WORLD L.L.C.
(Firm/Company)

5916 N NEBRASKA AVE.
(Address)

Tampa FL 33604
(City/State and Zip Code)

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For further information concerning this matter, please call:

Raphael Ridgeway at (813) 234-2258
(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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AUTO WORLD L.L.C.

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on FEB 9, 2004 and assigned document number LC04000013202

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

RAFAEL G. RIDGEWAY AND LINDA L. RIDGEWAY
AS OWNERS-MGRS, OF AUTO WORLD L.L.C.,
RESIGN AS SAME, AND GIVE ALL RIGHTS OF AUTO WORLD L.L.C.,
TO JOHN E. RIDGEWAY AS NEW OWNER MGR.

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Dated MAR-25 2005

Linda L. Ridgeway
Signature of a member or authorized representative of a member

RAFAEL G. RIDGEWAY MGR. LINDA L. RIDGEWAY MGR.
Typed or printed name of signee

Filing Fee: \$25.00

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- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:


JOHN E. RIDGEWAY

Name

1706 Eldred Dr.

Florida street address (P.O. Box **NOT** acceptable)

Tampa FLORIDA 33603

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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, Florida Statutes..


Registered Agent's Signature

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