

L04 000044556

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP - 1 2011

EXAMINER

From:

09/01/2011 11:40

#101 P.005/005

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ben's Towing + Diesel Repair 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:

Adam Caron  
Name of Person  
Stare Dennis FL LLC  
Firm/Company  
1 Independent Dr # 3220  
Address  
Jacksonville, FL 32202  
City/State and Zip Code  
acar@adwardstow.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Adam Caron at (904) 798-7178  
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

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

Berri's Towing + Diesel 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 Liability Company were filed on 6/10/2004 and assigned Florida document number LD4000044556.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE

**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:

State Delis FL LLC

New Registered Office Address:

2 Independent Dr # 3220

Enter Florida street address

Jacksonville

City

Florida

32207

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, 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.

(Signature of New Registered Agent)

From:

09/01/2011 11:40

#101 P.004/005

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Benjamin Bowen</u>	<u>439 N. E. Dawley Ave</u> <u>Madison, FL 32340</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Tracy Bowen</u>	<u>439 N. E. Dawley Ave</u> <u>Madison, FL 32340</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Chris Ladley</u>	<u>1 Independent Dr #3220</u> <u>Jacksonville FL 32207</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>      </u>	<u>      </u>	<u>      </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>      </u>	<u>      </u>	<u>      </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>      </u>	<u>      </u>	<u>      </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

9-1

2011

Ben Bowen

Signature of a member or authorized representative of a member

Benjamin Bowen

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP - 1 PM 2:57

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