

LO6 000024528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

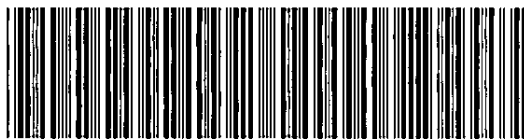
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DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AA AND A 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:

**KIET NGUYEN**  
(Name of Person)

**AA AND A REPAIR, LLC**  
(Firm/Company)

**6446 CORDIAL DRIVE**  
(Address)

**JACKSONVILLE, FLORIDA 32258**  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**KIET NGUYEN** at ( **904** ) **874-1334**  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**AA AND A REPAIR, LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 03/03/2006 and assigned  
document number L06000024528.

**SECOND:** This amendment is submitted to amend the following:

Request to add addition manager (mgr)

Name: Isidro Solano Crescencio

Address: 6446 Cordial Drive, Jacksonville, FL 32258

Dated August 22, 2007.



Signature of a member or authorized representative of a member

**KIET NGUYEN**

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**