

L06000005116

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

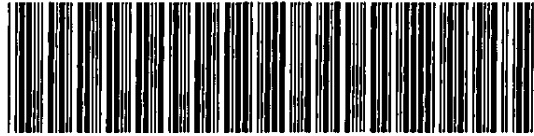
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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Automotive Recovery Bureau 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:

George J. Woolfenden
(Name of Person)
Automotive Recovery Bureau LLC
(Firm/Company)
7912 Steepchase Blvd
(Address)
Orlando, FL 32818
(City/State and Zip Code)

For further information concerning this matter, please call:

G. Jeff Woolfenden at (321) 4365083
(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

Automotive Recovery Bureau LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 8/28/2006 and assigned document number 206000085116.

SECOND: This amendment is submitted to amend the following:

^{mailing and principal}
Change of address to 7912 Steeplechase
Bld Orlando, FL 32818 and
change Registered Agent to
George J. Woolfenden 7912 Steeplechase
Bld Orlando, FL 32818 and
Remove: William D. Sockwell, MGRM
35131 Forest Lake Rd Leesburg FL 34788

Dated 3-20, 2007.

George J. Woolfenden

Signature of a member or authorized representative of a member

George J. Woolfenden

Typed or printed name of signee

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Filing Fee: \$25.00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Automotive Recovery Bureau LLC.
 2. The mailing address of the limited liability company is: 7912 Steeplechase Blvd
Orlando, Florida 32818

8-28-2006
 3. Date of filing/registration in Florida

L06000085116
 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Sockwell, William D
 Name
35131 Forest Lake Road
 Address
Leesburg, FL 34788
 City, State and Zip

6. The name and address of the new registered agent and/or office:

George J. Woolfenden
 Name
7912 Steeplechase Blvd
 Florida street address (P.O. Box NOT acceptable)
Orlando, FL 32818
 City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

George J. Woolfenden
 (Signature of a member or authorized representative of a member)

George J Woolfenden
 (Printed or typed name of signer)

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.

George J. Woolfenden
 (Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
 FILING FEE: \$25.00

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