

LD7000105363

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(City/State/Zip/Phone #)

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EXAMINER



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12 AUG 21 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sauers Paint & Body Shop, 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:

John L. Sauers

Name of Person

Associated Financial Partners, Inc.

Firm/Company

3778 Malachi Way

Address

Loganville, GA 30052

City/State and Zip Code

jsauers@associatedfinancialpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John L. Sauers

Name of Person

at (678)

777-8836

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**

Sauers Paint & Body Shop, 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 10/15/2007 and assigned
Florida document number L070000105363.

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)

3778 Malachi Way
Loganville, GA 30052

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3778 Malachi Way
Loganville, GA 30052

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TALLAHASSEE, FLORIDA

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:

John L. Sauers

Donna S. Jenkins

New Registered Office Address:

3778 Malachi Way

441 - 47th St. No.

Enter Florida street address

St. Petersburg

Loganville
City

Florida

33713

GA 30052

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.

If Changing Registered Agent, Signature of New Registered Agent

Donna S. Jenkins

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:

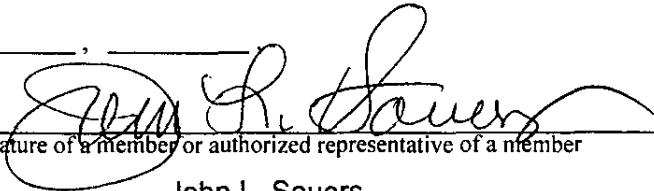
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert H. Sauers	441 47th Street North St. Petersburg, FL 33713	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	John L. Sauers	3778 Malachi Way Loganville, GA 30052	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	James L. Sauers	2087 Bakers Mill Road Dacula, GA 30019	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Donna S. Jenkins	441 47th Street North St. Petersburg, FL 33713	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____,


Signature of a member or authorized representative of a member

John L. Sauers

Typed or printed name of signee