

✓ 080000004461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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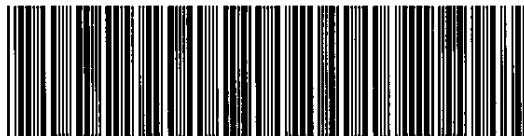
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Office Use Only

**G. MCLEOD**

MAY 27 2009

**EXAMINER**



600156052356

05/26/09--01005--016 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
09 MAY 27 PM 1:39

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Barbers Auto & Repair Service 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:

James Earle Barber

Name of Person

Barbers Auto & Repair Service LLC

Firm/Company

3748 Old Kings Road

Address

Jacksonville, Florida 32254

City/State and Zip Code

barbersauto@bellsouth.net

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

For further information concerning this matter, please call:

Teresa Faye barber

Name of Person

at ( 904 ) 583-9864

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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAY 27 PM 1:39

**Barbers Auto & Repair Service 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 1-11-2008 and assigned  
Florida document number LO8000004461.

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)**

3748 Old Kings Road

Jacksonville , Florida 32254

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

3748 Old Kings Road

Jacksonville , Florida 32254

**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:

James Earle Barber

New Registered Office Address:

75520 Johnson Lake Rd.

*Enter Florida street address*

Yulee

*City*

Florida

32097

*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**

**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:**

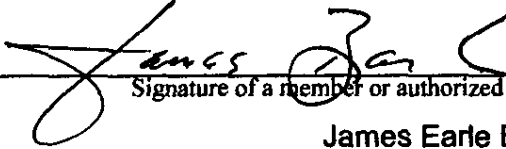
**MGR = Manager**  
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>James Earle Barber</u>	<u>75520 Johnson Lake Rd.</u> <u>Yulee, FL 32097</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Teresa Faye barber</u>	<u>75520 Johnson Lake Rd.</u> <u>Yulee, FL 32097</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>Jerome Earle Barber</u>	<u>5436 Old Plank Rd.</u> <u>Jacksonville, FL 32220</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 \_\_\_\_\_, \_\_\_\_\_.

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 \_\_\_\_\_  
 James Earle Barber  
 \_\_\_\_\_  
 Typed or printed name of signee