## L08000062555

(Requestor's Nan	ne)
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(=====================================	
(Document Numb	ner)
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Certified Copies Certifica	ates of Status
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Special Instructions to Filing Officer:	

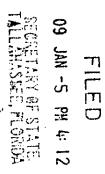
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01/05/09--01079--019 \*\*25.00

Amend 108-62555



N. CAUSSEAUX

JAN 6 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Se Division of Cor						
SUBJE	CT:						
		(Name of Limited Liability Company)					
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Robert Schnell					
(Name of Person)							
		Dealer Diagnostics		<u>_</u> :			
(Firm/Company)							
	350 Pecan Park Road						
(Address)							
	Jacksonville/ Florida 32218						
			(City/State and Zip Code)				
For fur	ther information o	concerning this matter, please ca	ali:				
Rober	obert Schnell at ( 904 ) 859-5766						
	'elephone Number)						
Enclose	ed is a check for the	he 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)			

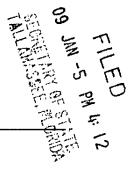
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

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



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Oeale	三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三		
(Name of the Limite	d Liability Compar A Florida Limited L	Fice ny as it now appears on our record liability Company)	り
			<b>)</b> **
The Articles of Organization for this Limited I	Liability Company	were filed on 00-24-2006	and assigned
Florida document number L08000062555	<u> </u>	·*·	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		no change	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		no change	
(Mailing address MAY BE A POST OFFICE	roy)		
(1773 to 1777	<u> Dong</u>		
B. If amending the registered agent and registered agent and/or the new registered of			iter the name of the new
		<u>-</u> -	
Name of New Registered Agent:	no change		
New Registered Office Address:	no change		
		(Enter Florida stre	et address)
	- <u>-</u>	, Florid	
		(City)	(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 **Title** <u>Name</u> **Address Type of Action MGRM** Aaron Woods 13928 Gossett Street Add Add Jacksonville, Florida 32218 Remove Randell Graham MGRM 10227 Westmar Road n 🕖 Add Jacksonville, Florida 32218 Remove 🗖 Add Remove □ Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) no other changes December the 15th 2008 Dated\_

Robert Schnell

Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00