

LD8000092756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

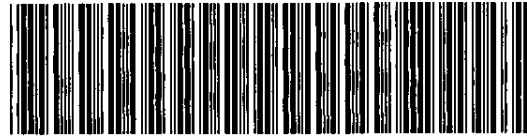
(Business Entity Name)

(Document Number)

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12 JAN 30 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN 31 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Expert Car Care ⁴ L.L.C.
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 Sada
Name of Person

Firm/Company

315 Spring Lake Hills Dr.
Address

Altamonte Springs FL 32714
City/State and Zip Code

jamesada@expertcarcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Sada at (407) 448-1455
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Expert Car Care 4, L.L.C.

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09-30-2008 and assigned
Florida document number L08000092756.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	James Sada	315 Spring Lake Dr. Altamonte Springs, FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Donna Sada	315 Spring Lake Dr. Altamonte Springs FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	James Sada	315 Spring Lake Dr. Altamonte Springs FL 32714	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Donna Sada	315 Spring Lake Dr. Altamonte Springs FL 32714	<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.)

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TALLAHASSEE, FLORIDA

Dated 01-24-2012

Signature of a member or authorized representative of a member

James Sada

Typed or printed name of signee