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SECRETARY OF STATE

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MAR 1 3 2009

EXAMINER

' COVER LETTER

| Division of Cor | porations | | | | |
|----------------------------|--|--|---|--------------------------------|----------------|
| SUBJECT: | J J & P AUTO | BODY WURX, LLC. | | 0 | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | | YULIANA BOLIVAR | | | |
| | | (Name of Person) | | | |
| | F8 | BY TAX AND SERVICES, INC. | | | |
| | | (Firm/Company) | | | |
| | | 1018 PLAZA DRIVE | | | |
| | | (Address) | | | |
| | | KISSIMMEE, FLORIDA 34743 | | | |
| | | (City/State and Zip Code) | | 9 S S | |
| For further information co | oncerning this matter, please c | all: | | 9 MAR 12 CRETARY LAHASSI | 1 |
| YULIANA BOLIVAR | | at (_407) 344 0286 | | Eg. | المستوسطة ا |
| (Name c | of Person) | (Area Code & Daytime 1 | 'elephone Number) | AH II: 51 OF STATE | |
| Enclosed is a check for th | e following amount: | | | Z., 1 | |
| 2 \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$60.00 Filing Certificate o Certified Co (additional c | of Status & | |
| | | | | | |

MAILING ADDRESS:

Registration Section

TO:

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

| | TO BODY WURX, " LLC." | |
|---|--|-------------------------------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our r Limited Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability (| Company were filed on 02/11/2009 | and assigned |
| Florida document number L09000013805 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| J J & P AUTOWURX, " LLC." | | |
| The new name must be distinguishable and end with the world.L.C." | ords "Limited Liability Company," the de | signation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | - | 7 |
| (Principal office address MUST BE A STREET ADD | RESS) | F.C. 39 |
| | | BO B |
| | | 12 12 SSE |
| Enter new mailing address, if applicable: | | T & PT |
| (Mailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · · · | |
| | | 54 200 |
| B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent: New Registered Office Address: | lress here: | ds, enter the name of the new |
| | | 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 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 = Ma $MGRM = 1$ | anager Managing Member | | |
|---------------------|---|--|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
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| D. If amen | ding any other information, enter chanş | ge(s) here: (Attach additional sheets, if necessa | ry.) |
| ann a | | | O9 MAR 12 AH 11:54 TALLAHASSEE, FLORIDA |
| Dated | | ···· Rour | AHIII: 54 OF STATE OF |
| | Signature of a membe | er or authorized representative of a member Lian a Bolivar d or printed name of signee | |
| | Aypeo | d or printed name of signee | ···· |

Page 2 of 2

Filing Fee: \$25.00