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T. HAMPTON

AUG - 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpora			• •	i
SUBJECT:	Name of Limit	Auto J ed Liability Company	Espai	
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponder	nce concerning this matter t	to the following:		
	Elzabe	th m	rales	
	0	Name of Person		<u> Amerikan markan dan mengamikan</u>
_	Sordan	auts	Repa	ir
		Firm/Company		
_	5604 1.	40 PL S	7.	
		Address		
	Tampa	City/State and Zip Code	33612	
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For further information conce			report nouncingon,	, ,
Miket	Myales Males)	147 - 8 le & Daytime Telep	054
Name of Pen	son	Area Coo	le & Daytime Telep	hone Number
Enclosed is a check for the fo	llowing amount:			
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy	_	\$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

, or
Tordan auto Kepair LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
=/12/20
The Articles of Organization for this Limited Liability Company were filed on and assigned
Florida document number 4090000 6 7048
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 abbreviatio "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
AL SEC
G ₹#
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
: PA
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:
Ilalah mad)
Name of New Registered Agent: Z//3ablth ///0Yalla
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 108, 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.

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Title Address Type of Action ☐ Add Remove Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated, or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00