## 0900067156

. (Re	equestor's Name)	
(Ac	ldress)	·
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	s of Status
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T. CLINE

JUN - 2 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	DCO BUSINESS Name of Limi	Partners LLC ted Liability Company	····	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Georg	ne Alack 5	***************************************	
	_ Auto La.	Name of Person  B P Firm/Company		
	4804 Car	Address Pkny	2010 J	1 1
	Cape Co	ral Fl 33904 City/State and Zip Code g mail·com	2010 JUN - 1 AM DO 36 SECRE ANA SSEE, FLOATO	Enter France
	gearce	a gmail·com to be used for future annual report notificat		
For further information	concerning this matter, please c	•	0.00 Jan 30 Jan	
George Name	Hack Sr of Person	at (279 ) 542-1582 Area Code & Daytime To	elephone 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

ADEO BUSINESS Parti	ners LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>07/10/0</u>	g and assigned
Florida document number <u>LO9000067156</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Auto Lab Buiness Pa	Herr of Rarida	a LLC
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADDRESS)		Fo B
	Marie Marie Marie Company	
Enter new mailing address, if applicable:	:	1000 L
(Mailing address MAY BE A POST OFFICE BOX)		The second
	,	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		36
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the new
Name of New Registered Agent:		to an incomplete or a summable of the second second
New Registered Office Address:		
	Enter Florida str	eet address
<del></del>	, Flor	ida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u> Title</u>	Name	Address	Type of Action
			Add
	•		Remove
	•		
	<del>.</del>		Add Remove
			_
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D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
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_			_
			<u> </u>
			<del></del>
Dated	May 27th, 201	<u></u> .	
		n ed	
		r or authorized representative of a member	
	George Hace	V	

Page 2 of 2

Filing Fee: \$25.00