L09000071692

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
1						
Special Instructions to Filing Officer:						
,						

Office Use Only



700158940697

07/30/09--01016--012 **25.00

09 JUL 30 AM II: 50

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUL 3 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jeff's Auto and More LLC 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:
Jeffrey Robinson Name of Person
Firm/Company
2065 Wrodward Rol
Address
Quincy, Ft 32352 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Teffrey Rebinson at (850) \$75-1785 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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**

(Name of the Limited Lin	ability Compan	y as it now ar	pears on our	records.)		
The Articles of Organization for this Limited Liabin Florida document number	ility Company v	were filed on	7/27	/09	_ and assig	gned
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liabil	lity company	here:			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limite	ed Liability Co	ompany," the d	esignation "LLC	" or the ab	breviation
Enter new principal offices address, if applicabl	le:					9
(Principal office address MUST BE A STREET A	ADDRESS)				ہے و	SEC
				· · · · · · · · · · · · · · · · · · ·	<u>ట</u> _	25 J
Enter new mailing address, if applicable:					O AM	RY OF S
(Mailing address MAY BE A POST OFFICE BO	<u> </u>				-:5	RATE
						<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office			on our reco	rds, enter the	name of	the new
Name of New Registered Agent:		,	· · · · · · · · · · · · · · · · · · ·	····		
New Registered Office Address:						
			Enter Floria	la street addres.	s	
_				Florida		
		City			Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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>:

MGR = Man MGRM = M	nager anaging Member		
<u>Title</u>	Name	Address	Type of Action
MG RM	nichele Robinson	2065 Wordward Rd Quincy, 12 32352	Add Remove
			Add Remove
			Add Remove
			Add Remove
		<u> </u>	Add Remove
· ·			Add Remove
D. If amend	ing any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF COR
Dated JU		2009. Zz	RY OF STATE CORPORATIONS O AMII: 50
	Jeffre	ember or authorized representative of a member A ROINS UN Ryped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00