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ROBBINS

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COVER LETTER

TO:	_	tration Section ion of Corporations			
SUBJI	ECT: _	TOTALL	Name of Limited L	 	F

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANET M. DUNCANI Name of Person	<u> </u>	· .
TOTALLY TIPES LAUTO REPAIR		
4081 B MERCANTIE (NE		-1 1
NAPLES PL 34104 City/State and Zip Code	AN 28 A	F
i:-mail address: (to be used for future annual report notification)	p.com	L
cerning this matter, please call:		

For further information con

at (239) 436-3653 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

\$38.00 Filing Fee & rtificate of Status

□\$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)

□\$60.00 Filing Pec, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tollahassec, FL 32314

STREET/COURIER ADDRESS

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

01/14/2013 11:27 2397325372 ROBBINS

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

TOTALLY TIRES a	TIVIU REPMI	R
(Name of the Limited Liability Compan (A Fforda Limited Li	ebility Company)	" 整 三 们
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 8/13/200	29 and assumed
Florida document number		第 王 [
This amendment is submitted to amend the following:		9: 10
A. If amending name, enter the new name of the limited liabi	lity company here:	7
TOTALLY AUTOMOTIL	re 11c	
The new name must be distinguishable and end with the words "Limit "L.L.C."		
Enter new principal offices address, if applicable:	4081 B ME	RCANTLE
(Principal office address MUST BE A STREET ADDRESS)	NAPLES F	L 34104
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4081#BME NAPLES E	ERCONTILE L 34104
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	, Florid	la
	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

ROBBINS

01/14/2013 11:27

(f amendin	g any other in	nformation, en	ter change(s)	here: (Allaci	h additional sh	eets, if necessi	00 7 Y.,)
							

Dated .

Typed or printed name of signed

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Filing Fee: \$25.00