

L1000006702

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(Address)

(Address)

(City/State/Zip/Phone #)

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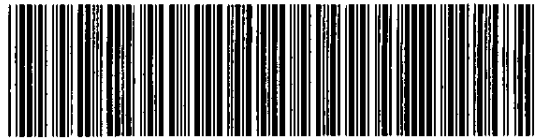
(Business Entity Name)

(Document Number)

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10 FEB -1 PM 12:49
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 2 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All In The Family Auto & Truck Repair "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:

Loida M. Dutcher

Name of Person

All In The Family Auto & Truck Repair "LLC"

Firm/Company

PO Box 58013

Address

Jacksonville Florida 32241

City/State and Zip Code

madbaby66@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Loida M. Dutcher

Name of Person

at (904)

382-1820

Area Code & Daytime Telephone 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**

All In The Family Auto & Truck Repair "LLC"

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
10 FEB - 1 PM 12:49
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 19, 2010 and assigned

Florida document number L10000006702

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent: _____

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 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.

Loida M. Dutcher
If Changing Registered Agent, Signature of New Registered Agent

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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Loida M. Dutcher	3602 Carol Ann Lane Jacksonville Florida 32223	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Loida M. Dutcher	3602 Carol Ann Lane Jacksonville Florida 32223	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mark A. Dutcher	3602 Carol Ann Lane Jacksonville Florida 32223	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Luz N. Mercado	3602 Carol Ann Lane Jacksonville Florida 32223	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated January 27, 2010

Loida M. Dutcher

Signature of a member or authorized representative of a member

Loida M. Dutcher

Typed or printed name of signee