# L100000027422

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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(Document Number)	
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A. LUNT

OCT 15 2010

**EXAMINER** 

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10/14/10--01024--008 \*\*25.00



# **COVER LETTER**

Division of Corporations	
SUBJECT: Select Auto Care, 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:	
Trease return an correspondence concerning this matter to the following.	
George Archer  Name of Person  SSST  Fig. 1	
Select Auto Care, LLC Firm/Company	
23 Alafaya Woods Blud #221	
Oviedo Fl 32765 City/State and Zip Code	
Garcher 77 @ earth Ink, net  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Greorge Archer at (40), 416.7878  Area Code & Daytime Telephone Number	
England is a check for the following amount:	
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:**

TO:

**Registration Section** 

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** 

Selert A	sto Ca	ve.	LL	C		
(Name of the Limited Lia (A Flo	bility Company rida Limited Lial	as it now app bility Compan	ears on our	records.)	<del></del>	
The Articles of Organization for this Limited Liabil	ity Company wo	ere filed on _	<u>3/11/</u>	2010	and as	signed
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabilit	ty company l	here:			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited	I Liability Cor	npany," the	designation "L	LC" of the	abbreviation
Enter new principal offices address, if applicable	e <b>:</b>			A	8	
(Principal office address MUST BE A STREET A	DDRESS)			388	P F	
Enter new mailing address, if applicable:	<del>-</del>			E.FLORIO	AND STATE	
(Mailing address MAY BE A POST OFFICE BO)	<b>X</b> )					
B. If amending the registered agent and/or a registered agent and/or the new registered office	•	e address o	n our reco	ords, <u>enter t</u>	he name	of the new
Name of New Registered Agent:						
New Registered Office Address:			Enter Flori	da street add	ress	<del></del>
				, Florida		
-		City		, i wiwa	Zip Coa	le
New Registered Agent's Signature, if changing Regi	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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title Type of Action** <u>Name</u> **Address** George K Archer 23 Alataya Woods Blvd #221 Add MGNM □ Remove  $\neg Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00