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(Requestor's Name) (Address) (Address)	800182337448		
(City/State/Zip/Phone #)	06/21/1001061008 **25.00		
(Business Entity Name)			
(Document Number) ied Copies Certificates of Status	F IL 10 JUN 2 I SECRETAR IALLAHASS		
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Name of Linit	eu Elability Company	
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dence concerning this matter	to the following:	
Louis Alens.	Jacaby Name of Person	
J+H Avt	FORTATIVE Service: LL Firm/Company	
1314 E	. Atlantic Blud	
- Fompan	o Berch FL 3.	3060
E-mailladdress: (to	o be used for future annual report notifica	ation)
ncerning this matter, please ca	all:	
acoby	at (954 325-73	73
Person /	Area Code & Daytime	Felephone Number
following amount.		
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Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
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NG ADDRESS:		R ADDRESS:
of Corporations	Division of Corporat	ions
c 6327 see, FL 32314	Clifton Building 2661 Executive Cent	er Circle
	tion prations $\frac{H}{Automotive}$ Name of Limit mendment and fee(s) are sub- dence concerning this matter $\frac{Louis}{Alex}$ $\frac{J+H}{Avt}$ $\frac{J14}{B}$ $\frac{J}{B}$ \frac	orations H Automotive Services LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: Louis Aleas Jacaby Name/of Person J+H Automative Services Firm/Company 1314 Resch Address Pompanic Beach Pompanic Beach Pompanic Beach Name/of Person 1314 Firm/Company 1314 City/State and Zip Code joKebor LO S C acl.com E-mail/address: (to be used for future annual report notifier neering this matter, please call: acoby at (954), 325-73 Area Code & Daytime following amount: \$30.00 Filing Fee & Certificate of Status STREET/COURIE Registration Section Division of Corporations of Corporations Division of Corporation Section

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

AKHULESU	OF AMENDMENT	
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ARTICLES O	F ORGANIZATION	
• •	OF	
I II Octor		
	e Services LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ited Liability Company)	recorus.)
The Articles of Organization for this Limited Liability Com	nony were filed on 3/13	- 12 PID and assigned
		and assigned
Florida document number <u>L00000 27844</u> .		
This amendment is submitted to amend the following:	MANAGER / MENB	ER DETAIL
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
	· · · ·	
The new name must be distinguishable and end with the words ' 'L.L.C."	'Limited Liability Company," the d	esignation "LLC" or the abbreviat
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>S)</u>	
		10
Enter new mailing address, if applicable:		ARE UNIT
		AHAS
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		AHASSATE, FLS
	d office address on our reco	AHANY CF HANY CF F. F. ST ST ST ST ST ST ST ST ST ST
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Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered egistered agent and/or the new registered office address Name of New Registered Agent:		AHANNY OF PH MI FROM NO PH MI CONTENT NO PH MI
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address	<u>a here</u> :	ARE TO ARE TO AR
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered egistered agent and/or the new registered office address Name of New Registered Agent:	<u>a here</u> : Enter Floric	la street address
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	<u>i here</u> : Enter Floria	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	<u>here</u> : Enter Florid City	ia street address

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</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member						
<u>Title</u>	Name	Address	Type of Action			
MGRM	SPECIALIZED ENTERPRIS	ESLIC 1314 E. Atlantic B Penyawo Beach, FL 330	Add Remove			
MGRM	SPECIALIZED LENSING ENTERPRISES COMPANY	1314 E. Atlentic Blud Pengeno Bcach, FL 3300	Add Remove			
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			Add Remove			
			Add Remove			
	<u> </u>		Add Remove			

Dated 6, 4, 2010 Signature of a pember or althorized presentative of a member Louis A. Jacoby Mor Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00