L 100000 75640

(Re	equestor's Name)	
	,	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
. Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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October 2, 2013

JOHN DEAN 21819 SW 46TH AVE NEWBERRY, FL 32669

SUBJECT: JACKSONVILLE TRAILER STORE LLC

Ref. Number: L10000035640

We have received your document for JACKSONVILLE TRAILER STORE LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 713A00023172

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Jacksonville Name of Limit	2 Trailer Store L	-LC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	John Dea		
		Name of Person	
		Firm/Company	 .
	21819 50	V 46th Ave	
	Newberry	FL 32(do 9 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	. ~"	City/State and Zip Code Com o be used for future annual report notification	on)
For further information con	ncerning this matter, please ca		
John De	Person	at (<u>919)</u> 946-84 Area Code & Daytime Te	print of the same
Enclosed is a check for the	e 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

Jackson	ville 7	Mailer	Store, L	LC	
(<u>Name of the Limited L</u> (A F	Liability Company Florida Limited Lia	as it now ap bility Compar	pears on our records 1y)	<u></u>)	
The Articles of Organization for this Limited Lia Florida document number	bility Company w	vere filed on	4-1-2010	and as	signed
This amendment is submitted to amend the follow	wing:	No.			
A. If amending name, enter the new name of t	the limited liabili	ty company	here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Co	mpany," the designati	ion "LLC" or the	abbreviation
Enter new principal offices address, if applical		255 Mida	County. He burg, F	Road 2 = L 3206	. <u>do</u> 28
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			772 3 0.74 8 1.74 8	Section 1881
B. If amending the registered agent and/or registered agent and/or the new registered offi		ce address	on our records, <u>en</u>	iter the name	of the new
Name of New Registered Agent: New Registered Office Address:	John 1 21819	Dega 5W	46th Ave	2_ et address	
	Newbo	City T	, Florid	la <u>3 266</u> Zip Cod	9

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.

EChanging 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 **Type of Action** <u>Title</u> **Address** <u>Name</u> Floyd McKeel, TV 106410ld Gainesville Rd Add Jacksonville, FL 32221 Add Remove Remove

			
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Page 3 of 3

Filing Fee: \$25.00

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