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SECRETARY OF STATE

J. BRYAN

JAN 1 0 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	N. James
SUBJECT: T & D auto Pepair LLC Name of Limited Liability Company	50 <b>-</b>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	ORELASSES OF THE PROPERTY OF T
Please return all correspondence concerning this matter to the following:  DAVID CRUZ  Name of Person	A PH 1: 13
DC Accounting Service P.A.	
24156 State Rd 54 Stel	
Lu+2 FL 33559 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Marie Cruz at (813) 345-8503  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

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

ARTICLES	OF ORGANIZATION	20 5 000
	OF	
(Name of the Limited Liability Of (A Florida Liability)	Repair LLC Company as it now appears on o mited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Con	mpany were filed on 51	7 10 and assigned
Florida document number <u>L 1000005320</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	110
House of Motor Soon The new name must be distinguishable and end with the words "L.L.C."	orts & Dyn s "Limited Liability Company," th	ojet LLC" or the abbreviation
Enter new principal offices address, if applicable:	6948 V	enture Circle.
(Principal office address MUST BE A STREET ADDRE	issi Unit 3I	
	Orlando	FL 32807
Enter new mailing address, if applicable:	7727 Me	echantville cir
(Mailing address MAY BE A POST OFFICE BOX)	Zephych	ills FL 33540
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida 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.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** Type of Action <u>Name</u> **Address** MGRM Jose B. Sotomayor Remove Add Remove Add Remove  $\square$ Add Remove [<sup>™</sup>]Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 gnature of a member or authorized representative of a member Vega Cabrera.
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00