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EXAMINER



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SECRETARY OF STATE
FAIL AHASSEE. FLORID

Registration Section TO: **Division of Corporations** SUBJECT: 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: For further information concerning this matter, please call: Enclosed is a check for the following amount: **¬\$60.00** Filing Fee, \$25.00 Filing Fee \$55.00 Filing Fee & \$30.00 Filing Fee & Certified Copy Certificate of Status & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)

COVER LETTER

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

J&JAutoRepair LLC.

13376 NW 42 Ave Opa Locka, FI 33054 Phone: (305) 283-1674

February 24, 2011

Reference: J & J Auto Repairs Inc.

This is to confirm that J & J Auto Repairs Inc which was administratively dissolved. Will not be reinstated due to the fact my brother Jorge Sanchez president of the company is deceased. So please allow me to change my business name to J & J Auto Repair LLC. I am Jorge Sanchez Sister and I have taken over the business.

Any questions feel free to contact me at you convenience.

ance thanking you I remain,

(President)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ond Auto Reporting the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 1 4 2011 and assigned
Florida document number <u>LII 0000 0 2 719</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	red liability company here:
Jand TAUTO REPAIR	2 LLC
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
	HA B
Enter new mailing address, if applicable:	ARR 25
(Mailing address MAY BE A POST OFFICE BOX)	mg ≥ 111
•	
	RA 5
B. If amending the registered agent and/or registe	red office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ess 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.

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> Address **Type of Action** Add 🗍 ☐ Remove ☐ Add Remove Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Signature of a member or autilior representative of a member

Page 2 of 2

ed or printed name of signee

Filing Fee: \$25.00