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(1	Requestor's Name)	
(,	Address)	
(,	Address)	
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(1	Business Entity Name)	
(1	Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JoJo Wheel & lines Services 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:
Kimberly Capita Name of Person
Firm/Company
14471 NW 27 Ave
Mean, Fl 33054 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Capita at (954) 639-2052 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & 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

[]

111

<u>Jojo Wheel</u>	2 Ir	es	Dervie	a Ll	~(·		
(Name of the Limited Liabil (A Florid	ity Company a a Limited Liab	as it nov ility Co	<u>v appears on our re</u> npany)	cords.			
The Articles of Organization for this Limited Liability Florida document number	Company we <u>07</u> .	ere filed	on <u>March</u>	2012	<u> </u>	and ass	signed
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the li	mited liability	y comp	any here:			•	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited	Liability	y Company," the des	signation	"LLC"	or the	abbreviation
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADL	<u>DRESS)</u>						
	_						
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)	_						
							
B. If amending the registered agent and/or registered agent and/or the new registered office ad		addre	ss on our record	s, <u>enter</u>	the n	ame o	of the new
Name of New Registered Agent:		 -				12	
New Registered Office Address:						ू इ	e it
			Enter Florida	street ac	Idress	9	7 Teal Acc
<u> </u>			, F	lorida _		P.	1 19
	C	lity			co = Zi	n Vode	· Same

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.

New Registered Agent's Signature, if changing 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> **Address** Type of Action ☐ Add ☐ Remove ☐ Add Remove Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a hember or pathorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00