## L110000 44745

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T. HAMPTON

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	·CT.	CAR ONE A	AUTO REPAIR LL	.C
SUBJE		Name of Limit	ed Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		JOH	N CARONE	
			Name of Person	
			Firm/Company	
		1495 \$	S CYPRESS ROA	<b>\D</b>
			Address	
		POMP	ANO BEACH, FL	33062
			City/State and Zip Code	<del></del>
			axadvisors@bellsouth.r	
For fur	ther information co	oncerning this matter, please ca	·	ony
		IN CARONE	954 <sub>9</sub> 41-883	1
	Name of		at (at Code & Daytime To	elephone Number
Englas	ad is a abaak for th	e following amount:		
		-	Chass on Pilling For a	Deco oo piilaa paa
<b>■</b> \$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 DIVIS



12 DEC-5 相目: 12

	AUTO REPAIR LLC  ility Company as it now appears of the company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number L11000044745	ty Company were filed on APR	IL <sup>:</sup> 11, 2011	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	"," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registered agent and/or the new registered office a		r records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	r Florida street addres	S
		, 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, <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

<u>Title</u>	Name		Type of Action
MGR	GARY CONSTANTINO	1495 S CYPRESS RD	Add
		POMPANO BEACH, FL 33062	Remove
			_
<u> </u>			Add
			Remove
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			Remove
		<del></del>	Add
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			Remove

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. NO	VEMBER 29 2012
ted IVO	·
	Signature of a member or authorized representative of a member
	JOHN CARONE
	Typed or printed name of signee
	Page 3 of 3
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	Filing Fee: \$25.00

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