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(Daniel Mana)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

Division of Cor	porations						
SUBJECT: PAULS BE	ACHSIDE AUTOMOTIVE SI						
	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspon	ondence concerning this matter	to the following:					
	PAUL EVANS						
		Name of Person	W. Million				
PAULS BEACHSIDE AUTOMOTIVE SERVICE LLC							
	276 HIGHWAY ATA						
		Address					
	SATELLITE BEACH/FL	32937					
		City/State and Zip Code					
	E-mail address: (to be used for future annual report notif	ication)				
For further information c	concerning this matter, please ca	all:					
PAUL		at () 4584828 Area Code Daytime					
Name o	of Person	Area Code Daytime	Telephone Number				
Englosed is a check for the	he 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)				

Registration Section

TO:

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

Paul seachs de Autorativa	e Saxon	ce and So	les LLC.	
Paul Boachs de Autorotive (Name of the Limited Liability Company (A Florida Limited Lia	as it now appea bility Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company w				
Florida document number <u> </u>		/ (
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company l	<u>iere</u> :		
PAULS BEACHSIDE AUTOMOTIVE SERVICE LLC.				
The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC" or	the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	<u>.</u>			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address o	on our records, <u>e</u>	nter the name	of the new
registered agent and/or the new registered white address here.			.A.S.	
Name of New Registered Agent:			Er.	7
Name of New Registered Agent.				5 7
New Registered Office Address:	Enter Fl	orida street address	SAR A	- Grange
	Line I I		ω0.0 🗲	ال يا
	City	, Florid	la Sain Code	10 P
New Registered Agent's Signature, if changing Registered Agent:	***		AL S	
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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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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ote: If the	ite, if other than date is listed, the dat date inserted in the effective date on t	nis block does r	ot meet th	e applicab	date of filing le statutory	g or more that filing requ	op (op n 90 days aft irements, th	t ional) er filing.) Purs nis date will i	nuant to 60	– 95.0207 ted as
	specifies a dela	ayed effective record is file	ve date, ed.	but not	an effecti	ive time,	at 12:01	a.m. on t	he earl	ier of
e record s The 90th	day after the									
The 90th	day after the $8 - 25$	-17 VV	_, <u>_</u>	X 8	. · > >-	A				
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Filing Fee: \$25.00