## L110000069138

(Requestor's Name)	
(Address)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Business Endty Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JUL 22 PM 4: 12



## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT:	Ashels	Autoworx LLC				
	Name of Lim	ited Liability Company	<del></del>			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	condence concerning this matter	r to the following:				
	Louraine Burton-Hyde					
		Name of Person				
	Ashels Autoworx LLC					
		Firm/Company				
	9921 New Kings Rd. So. Ste.102					
	Address					
	.lac	ksonville Florida 32219				
	Jacksonville, Florida 32219  City/State and Zip Code					
	ashel	sautoworxllc@yahoo.com to be used for future annual report notifice				
<b>B</b> 6 4 1 6 4			ation)			
For further information	concerning this matter, please of	call:				
Loura	ine Burton-Hyde	at ( 904 ) 6	47-5587			
Name	of Person	Area Code & Daytime	Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle			



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 JUL 22 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 18, 2011

LOURAINE BURTON-HYDE 9921 NEW KINGS RD S STE 102 JACKSONVILLE, FL 32219

SUBJECT: ASHELS AUTOWORX LLC

Ref. Number: L11000069138

We have received your document for ASHELS AUTOWORX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

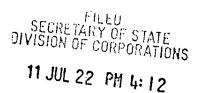
Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 311A00016974

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



•	Ashala Autawami II C	_
(Name of the Limited	Ashels Autoworx LLC Liability Company as it now appe	ars on our records.)
(A	Liability Company as it now appe Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on	June 14,2011 and assigned
Florida document numberL11000069	138	•
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company ho	ere:
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE L	<u> </u>	
	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	r <sub>2</sub>	Plust and Italy
	E	nter Florida street address
	<u> </u>	, Florida
	Citv	Zin 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 Title <u>Name</u> <u>Address</u> **Type of Action** Louraine Burton-Hyde 9921 New Kings Rd So. Ste.102 \_[∕] Add Jacksonville, Fl. 32219 ☐ Remove ☐ Add Remove ☐ Add Remove Add Remove  $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I am adding my wife to my LLC. My apologizes to Sunbiz but, I thought I had already added her. July 12, 2011 Signature of a member of authorized representative of a member Raymond A. Hyde Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00