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

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		•		
CAMPBEL	L'S MERCEDES REPAIR LL	C			
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	Daytime Telephone Number  S60.00 Filing Fee, Certificate of Status &		
Please return all correspo	ondence concerning this matter	to the following:			
	Delroy Campbell				
		Name of Person			
	CAMPBELL'S MERCEDE	S REPAIR LLC			
		Firm/Company			
	1200 34th St. S				
		Address			
	Saint Petersburg, FL 33711				
		City/State and Zip Code			
	Delroye,1@yahoo.com				
	E-mail address: (1	o be used for future annual report	notification)		
For further information c	oncerning this matter, please ca	il:			
Delroy Campbell		727 492-4564	ļ		
Name o	f Person	Area Code Day	time Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certificate of Status & Certified Copy		
Mailing Address		Street Address			
Registration Section Division of Corporations		<del>-</del>	Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMPBELL'S MERCEDES REPAIR LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 12, 2011 and assigned Florida document number 1.11000092921 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 21, 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Delroy Campbell Name of New Registered Agent: 1200 34th St S New Registered Office Address: Enter Florida street address \_, Florida 33711 Zip Code ST PETERSBURG

## 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 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. Sign#ture 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Non-Member MGR	Alfonso Boyd	2459 Lake Point LN	<b>=</b> Add
		Clearwater FL 33762	□Remove
			Change
			□Add
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			□Remove
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ecord specifies a delayed effective date, but no	at an effective tim	e at 12:01 a.m.	on the earlier of: (b)	The 90th	day after the
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Filing Fee: \$25.00