

L11000105087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

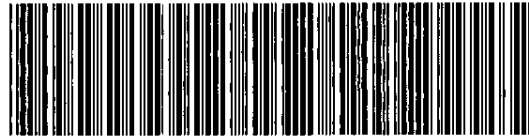
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KEVIN SCOTT KONECNY 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:

MIRTHA VALDES MARTIN CPA

Name of Person

Firm/Company

420 S COUNTRY CLUB ROAD

Address

LAKE MARY, FL 32746

City/State and Zip Code

mvmcpa@juno.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRTHA VALDES MARTIN CPA

Name of Person

at (407)

321-3554

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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**

KEVIN SCOTT KONECNY 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 09/14/2011 and assigned
Florida document number L11000105087.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

I REPAIR NOW, LLC

The new name must be distinguishable and end with 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)

119 EAST STEELE STREET

ORLANDO, FL 32804

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O BOX 547945

ORLANDO, FL 32854

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TALLAHASSEE, FLORIDA

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:

Name of New Registered Agent:

MIRTHA VALDES MARTIN, CPA

New Registered Office Address:

420 S COUNTRY CLUB ROAD

Enter Florida street address

LAKE MARY

City

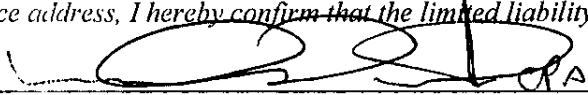
, Florida

32746

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

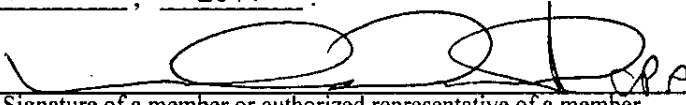
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>S</u>	<u>KEVIN S KONECNY</u>	<u>189 SOUTH ORANGE AVE.</u> <u>ORLANDO, FL 32801</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>KEVIN S KONECNY</u>	<u>189 SOUTH ORANGE AVE.</u> <u>ORLANDO, FL 32801</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>KEVIN S. KONECNY</u>	<u>P O BOX 547945</u> <u>ORLANDO, FL 32854</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>DANIEL H. RENCHER</u>	<u>P O BOX 547945</u> <u>ORLANDO, FL 32854</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated NOVEMBER 17, 2011



Signature of a member or authorized representative of a member
MIRTHA VALDES MARTIN CPA

Typed or printed name of signee