## 11/000115304

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J. SAULSBERRY EXAMINER

JAN 13 2012

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Phamily A	Auto Repair LLC				
		ited Liability Company				
	f Amendment and fee(s) are sub	_				
Please return all corresp	ondence concerning this matter	to the following:				
Duy Pham						
		Name of Person				
		Firm/Company				
		9925 Nonda Lee Rd				
		Address				
	-	Orlando, FI 32817 City/State and Zip Code		JALI 38	2017	
	F mail address: /	hamtech@gmail.con	1	CRET	JAN	-
For further information	concerning this matter, please c		port nonneation)	ARY O	12	1
	Duy Pham	at (_407_)	247-9388	SECRETARY OF STAT ALLAHASSEE, FLOR	2012 JAN 12 AM 8: 53	,
Name	of Person		& Daytime Telephone Number	P	53	
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) Certified	e of Status		
Regist Divisi	LING ADDRESS: ration Section on of Corporations	Registration Division o	f Corporations			
P.O. E	Box 6327	Clifton Building				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phamily A	Auto Repair LLC				
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appear mited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Cor	mpany were filed on	10/07/2011	and assigned		
Florida document number L11000115304					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company her	<u>·e</u> :			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicable:	<u></u>	, <u></u>	<u> </u>		
Principal office address MUST BE A STREET ADDRE	<u></u>		SECH J		
			AHE AN		
Enter new mailing address, if applicable:			ARYO ASSEE		
, 11	<del>-</del>		= 0		
(Mailing address MAY BE A POST OFFICE BOX)			8: 53 0RID		
B. If amending the registered agent and/or register registered agent and/or the new registered office address.		our records, enter			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, 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 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> **Address Type of Action** MGR Khanh T. Pham 39 Grand Junction Blvd ✓ Add Orlando, Fl 32835 Remove  $\square$  Add ☐ Remove ☐ Add ☐ Remove ∏Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 09 Dated \_\_\_\_ Signature of a member or authorized representative of a member Duy Pham Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00