

L11000 131640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

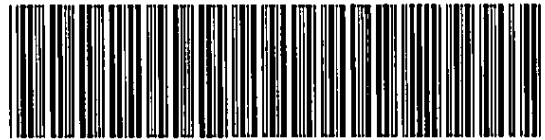
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2020 AUG 12 AM 6:27

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D. BRUCE  
SEP 30 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** R & J Auto, 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:

Randal L. Fason

\_\_\_\_\_  
Name of Person

R & J Auto LLC

\_\_\_\_\_  
Firm/Company

4573 Powderhorn Pl Dr

\_\_\_\_\_  
Address

Clermont FL 34711

\_\_\_\_\_  
City/State and Zip Code

mjauto@hotmail.com

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

For further information concerning this matter, please call:

Randal L. Fason

256 302-2291  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL  
2020 AUG 12 AM 6:27

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

R & J Auto 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 November 18, 2011 and assigned  
Florida document number L11000131640.

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 "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) \_\_\_\_\_

**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:

Randal L Fason

New Registered Office Address:

4573 Powderhorn Pl Dr

*Enter Florida street address*

Clermont


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 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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>        | <u>Address</u>                            | <u>Type of Action</u>                      |
|--------------|--------------------|---|--|
| MGR          | Julie Brooks-Fason |   | <input type="checkbox"/> Add               |
|              |                    | 4573 Powderhorn Pl Dr. Clermont, FL 34711 | <input checked="" type="checkbox"/> Remove |
|              |                    |   | <input type="checkbox"/> Change            |
|              |                    |   | <input type="checkbox"/> Add               |
|              |                    |   | <input type="checkbox"/> Remove            |
|              |                    |   | <input type="checkbox"/> Change            |
|              |                    |   | <input type="checkbox"/> Add               |
|              |                    |   | <input type="checkbox"/> Remove            |
|              |                    |   | <input type="checkbox"/> Change            |
|              |                    |   | <input type="checkbox"/> Add               |
|              |                    |   | <input type="checkbox"/> Remove            |
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|              |                    |   | <input type="checkbox"/> Remove            |
|              |                    |   | <input type="checkbox"/> Change            |

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2020 AUG 21 12:45:22 PM  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

2020 AUG 12 AM 6:28  
STATIONARY  
TALLAHASSEE FL

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

2020 AUG 12 AM 6:28

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 7 2020

Randall L. Farn

Signature of a member or authorized representative of a member

Randal L. Fason

Typed or printed name of signee