

Division of Corporations

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L110000142565Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H12000143765 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JOHN M WICKER PA
Account Number : I20070000104
Phone : (239) 939-2222
Fax Number : (239) 939-2280

12 JUN -1 AM 9:30

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FRANK@CANCRA.COM

RECEIVED
12 JUN -1 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDALLC AMND/RESTATE/CORRECT OR M/MG RESIGN
QUALITY CARE AUTO REPAIR, LLC

Certificate of Status	0
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B. KOHR
JUN -4 2012

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

QUALITY CARE AUTO REPAIR, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

12 JUN - 1 AM 9:30

The Articles of Organization for this Limited Liability Company were filed on 12/20/2011 and assigned
Florida document number L11000142565.

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 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)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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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>
MGR	COREY MAMMEN	1808 SUNSET PLACE FORT MYERS, FL 33901	☒ Add ☐ Remove
MGR	LARRY M. HENRY		☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated JUNE 1, 2012

Signature of a member or authorized representative of a member

JOHN M. WICKER, ESQ.

Typed or printed name of signee

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Filing Fee: \$25.00

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