

**L1000144054**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

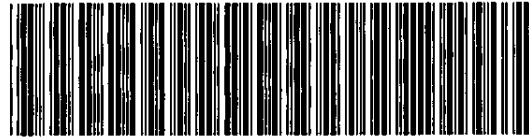
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**APR 11 2012**  
**L. SELLERS**

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04/10/12--01018--021 \*\*60.00

**FILED**  
**12 APR - 9 PM 5:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

## COVER LETTER

TO: , Registration Section  
Division of Corporations

SUBJECT: COMPLETE AUTO CLINIC 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:

PORFIRIO TORRES  
Name of Person

COMPLETE AUTO CLINIC LLC  
Firm/Company

625 S. HWY 19  
Address

PALATKA FL. 32177  
City/State and Zip Code

COMPLETEAUTOCLINIC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PORFIRIO TORRES at (386) 530-2283  
Name of Person 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

# Contract of Sale

This contract is for the sale of the buissness known as Complete Auto Clinic LLC,  
owned by Jennifer Emberton to

Porfirio Torres known as  
buyer. Buyer agrees that the entire buissness including all assets, debts, liens, leases,  
loans, accounts, taxes, and employees, past, present, and future shall become the  
buyers full responsibility. Buyer will recieve the equipment, except for red 2 post lift, red  
air compressor, oil can, roller seat, and other items which have been removed by seller  
previous to contract, which seller will retain as personal property. Seller cannot be held  
liable for any thing that concerns said buissness. Buyer shall assume all requirments for  
the day to day operations, and cost of running buissness. Seller has recieved \$1000.00  
for full purchase price of said buissness, and the buyer does not owe anything further to  
seller for purchase price. This contract is entered in on this date

4-3-12

Jennifer Emberton  
SELLER SIGNATURE

FIDLE 516-432-83-7280

Jennifer Emberton

SELLER PRINT

Porfirio Torres

FIDLE 620-663-75-211-0

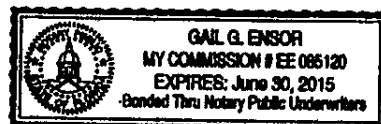
BUYER PRINT

Porfirio Torres

BUYER SIGNATURE

State of FLA  
Putnam County  
April 3, 2012

Gail G. Ensor



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

COMPLETE AUTO CLINIC 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 12/27/2011 and assigned Florida document number L11000144054.

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:

PORFIRIO TORRES

New Registered Office Address:

625 S. HWY 19

Enter Florida street address

PALATKA

City

Florida

32177

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.

Porfirio Torres  
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

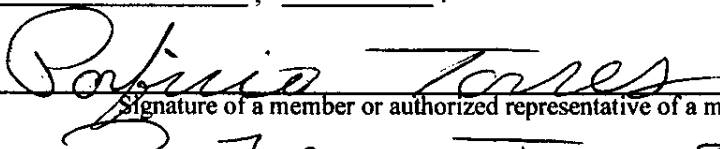
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JENNIFER EMBERTON	912 MALTAS AVE INTERLACHEN FL 32148	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PORFIRIO TORRES	625 S. HWY 19 PALATKA FL 32177	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Attached is A COPY OF CONTRACT OF SALE

Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Porfirio Torres

Typed or printed name of signee