

L11000145151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

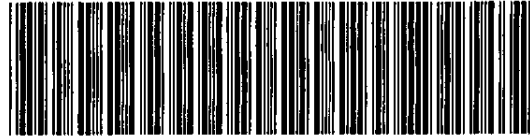
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800219250548

02/02/12--01016--011 **25.00

FILED
2012 FEB -2 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

FEB -2 2012

EXAMINER

LAMBERTUS & LAMBERTUS, P.A.

ATTORNEYS AT LAW

ARTHUR W. LAMBERTUS
CHRISTINE L. LAMBERTUS*

*FLORIDA BAR BOARD CERTIFIED
WILLS, TRUSTS AND ESTATES LAWYER

2929 EAST COMMERCIAL BOULEVARD
SUITE 604

FORT LAUDERDALE, FLORIDA 33308

TELEPHONE (954) 772-1680

FACSIMILE (954) 772-1922

February 1, 2012

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

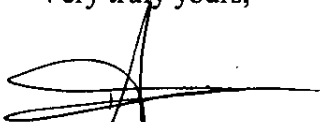
Re: R.T. Repair Enterprises, LLC
L11000145151

To Whom It May Concern:

Enclosed please find the Division of Corporations Cover Letter and Articles of Amendment to Article of Organization for the above referenced limited liability company along with my corporation check in the amount of \$25.00.

Should you have any questions, please feel free to contact me.

Very truly yours,



Arthur W. Lambertus

AWL/dml
Enclosures

FILED
2012 FEB -2 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R. T. REPAIR ENTERPRISES, 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:

RICHARD D. SPOHN

Name of Person

R. T. REPAIR ENTERPRISES, LLC

Firm/Company

155 NW 93RD TERRACE

Address

CORAL SPRINGS, FLORIDA 33071

City/State and Zip Code

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

For further information concerning this matter, please call:

RICHARD D. SPOHN

Name of Person

at (954)

895-3768

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

FILED
2012 FEB -2 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

R. T. REPAIR ENTERPRISES, 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 12/29/2011

Florida document number L11000145151

FILED
2012 FEB -2 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 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:

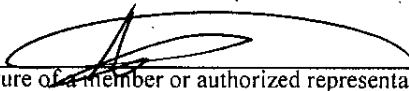
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TODD M. SPOHN	11900 NW 38TH PLACE SUNRISE, FLORIDA 33323	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TROY FEITCHER	699 NE 108 AVENUE CORAL SPRINGS, FLORIDA 33071	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
FEB - 2 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated FEBRUARY 1, 2012



Signature of a member or authorized representative of a member
RICHARD D. SPOHN

Typed or printed name of signee