

412000043647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

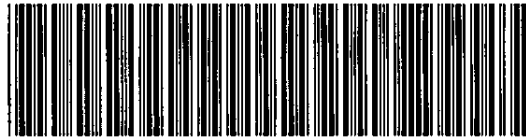
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

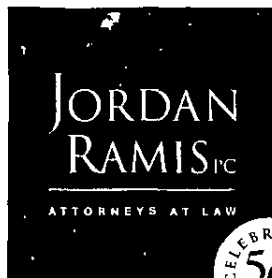


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TALLAHASSEE, FLORIDA

J. Stivers APR 14 2014



Lake Oswego
Two Centerpointe Dr., 6th Floor
Lake Oswego, OR 97035
503-598-7070
www.jordanramis.com

Vancouver
1499 SE Tech Center Pl., #380
Vancouver, WA 98683
360-567-3900

Bend
360 SW Bond St., Suite 400
Bend, OR 97702
541-647-2979

VIA FEDERAL EXPRESS

April 10, 2014

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

Re: **Articles of Amendment**
Mercedes/OBT Brown Buy-Out
Our File No. 51970-71858

To Whom It May Concern:

Enclosed please find Articles of Amendment to Articles of Organization for the following eight entities. We have also enclosed our check in the amount of \$200 in payment of the filing fee (\$25 per entity).

1. Boyland Auto Center, LLC – document number L11000119814.
2. Boyland and Brown Auto Detail OBT, LLC – document number L12000068510.
3. Boyland and Brown Auto OBT, LLC – document number L12000068435.
4. Boyland and Brown Pre-owned OBT, LLC – document number L12000068507.
5. Boyland and Brown Properties OBT, LLC – document number L12000045334.
6. Boyland and Brown Properties, LLC – document number L02000027231.
7. Bumperdoc OBT, LLC – document number L12000043647.
8. M/M Auto Care Center, LLC – document number L11000124926.

Thank you for your assistance.

Sincerely,

JORDAN RAMIS PC

Krista Evans
Admitted in Oregon
krista.evans@jordanramis.com
OR Direct Dial (503) 598-5575

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bumperdoc OBT, 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:

Krista Evans

Name of Person

Jordan Ramis PC

Firm/Company

2 Centerpointe Drive, 6th Floor

Address

Lake Oswego, OR 97035

City/State and Zip Code

krista.evans@jordanramis.com; bkracht@krachtlawfirm.com

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

For further information concerning this matter, please call:

Krista Evans

Name of Person

at (503) 598-5575

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Bumperdoc OBT, 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 March 29, 2012 and assigned
Florida document number L12000043647.

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)

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TALLAHASSEE, FLORIDA

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

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

MGR = Manager
AMBR = Authorized Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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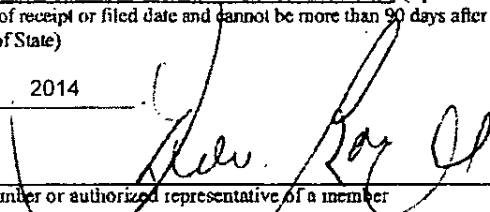
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This LLC shall be manager-managed by one or more managers. The initial manager is Boyland Auto OBT, LLC.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 10, 2014



Signature of a member or authorized representative of a member

Dorian S. Boyland, Manager and Member of Boyland Auto OBT, LLC

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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