

L120000D68210

(Requestor's Name)

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(Document Number)

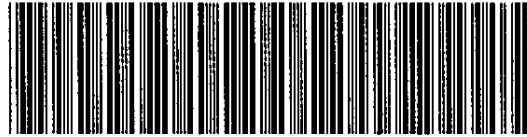
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12 JUN - 7 PM 3:04

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FAMILY AUTO SALES & REPAIR 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:

JEAN ROBERT DEJOUR

Name of Person

FAMILY AUTO SALES & REPAIR "LLC"

Firm/Company

3055 N. RIVERSIDE DR BOX # 3

Address

CORAL SPRINGS FL 33065

City/State and Zip Code

ADEJOUR0615@YAHOO.COM

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

For further information concerning this matter, please call:

JEAN ROBERT DEJOUR

Name of Person

at ( 954 )

234-1678

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

12 JUN -7 PM 3:04

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

**FAMILY AUTO SALES & REPAIR 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 05/17/2012 and assigned:

Florida document number L12000068210

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FAMILY AUTO EXPORT "LLC"

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:**

3055 N. RIVERSIDE DRIVE BOX # 3

**(Principal office address MUST BE A STREET ADDRESS)**

CORAL SPRINGS FL 33065

**Enter new mailing address, if applicable:**

3055 N. RIVERSIDE DRIVE BOX # 3

**(Mailing address MAY BE A POST OFFICE BOX)**

CORAL SPRINGS FL 33065

**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:**

JEAN ROBERT DEJOUR

**New Registered Office Address:**

3055 N. RIVERSIDE DR BOX # 3

*Enter Florida street address*

CORAL SPRINGS

, Florida

33065

*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.*

/s/ JEAN ROBERT DEJOUR

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**MGRM = Managing Member**

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

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Jaam Robert DETOUR  
Typed or printed name of signee