

L12 000 109880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

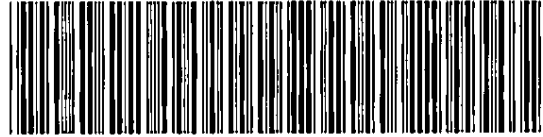
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500392447155

08/22/22--01006--022 **30.00

2022 AUG 22 AM 11:20
FILED
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

2022 AUG 22 AM 11:20

FILED

2022 AUG 22 PM 2:11

2022 AUG 22 PM 2:11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2022

TASHSIN DEGIRMENCI
5339 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304

SUBJECT: AUTO MASTER AUTO REPAIR & PAINT LLC
Ref. Number: L12000109880

We have received your document for AUTO MASTER AUTO REPAIR & PAINT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The company must be reinstated before the name can be changed.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 922A00018676

2022 AUG 22 AM 11:20
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Auto Master Auto Repair & Paint 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:

Tahsin Degirmenci

Name of Person

Firm/Company

5339 West Tennessee St Tallahassee FL
Address

32304

Tallahassee FL 32304

City/State and Zip Code

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

For further information concerning this matter, please call:

Tahsin Degirmenci

Name of Person

at

850

Area Code

508 4654

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 AUG 22 AM 11:20
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TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Auto Master Auto Repair and Paint 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 08/27/2012 and assigned
Florida document number L 12000 109880.

This amendment is submitted to amend the following:

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

Auto Master Repair Paint and Sells LLC

The new name must be distinguishable and contain 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 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

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2012 AUG 22 AM 11:20
CLERK OF DISTRICT COURT
ALACHUA COUNTY, FL

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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FILED
2022 AUG 22 AM 11:20
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

2022 AUG 22 AM 11:20
OFFICE OF THE
TALLAHASSEE, FL

77


2022 AUG 22 AM 11:20

THE
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510
CAPITOL BUILDING
WASHINGTON, D. C. 20540

Effective date, if other than the date of filing: _____ (applicable only if an effective date is listed)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b), this date will not be listed as the effective date if it does not comply with applicable statutory filing requirements.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 8/22/22



 Signature of a member or authorized representative of a member

Tahsin Degirmenci
Typed or printed name of signer

Filing Fee: \$25.00