

L/2000/20399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

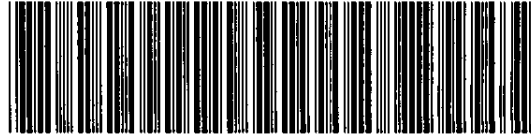
Special Instructions to Filing Officer:

A. LUNT

OCT 13 2012

EXAMINER

Office Use Only



300240570823

300240570823
10/15/12--01044--016 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 15 PM 3:30

FILED

COVER LETTER

Doc # L1200012039

TO: Registration Section
Division of Corporations

SUBJECT: Howard's Truck 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:

Jan Howard
Name of Person

Howards Truck Repair
Firm/Company

306 Chastain Rd.
Address

Seffner, FL 33584
City/State and Zip Code

Howards Truck Repair@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2012 OCT 15 PM 3:50
TALLAHASSEE, FL
STATE

For further information concerning this matter, please call:

Jan Howard at (813) 918-8301
Name of Person Area Code & Daytime Telephone Number

closed 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

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

Howard's Truck 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 10-10-12 and assigned
Florida document number #L12000120399

This amendment is submitted to amend the following:

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

Howards Truck Repair, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2012 OCT 15 PM 3:00
SECRETARY OF STATE
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

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>
_____	_____	_____	<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

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

only change is
to remove apostrophe
From Howard's Truck Repair, LLC to:
HOWARDS TRUCK REPAIR, LLC

Dated

10-11-12

Thanks!!

Signature of a member or authorized representative of a member

Jan M. Howard

Typed or printed name of signee

Jan M. Howard

FILED
2012 OCT 15 PM 3:30
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA