

L120000131230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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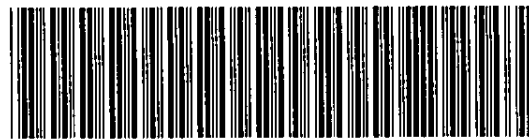
(Business Entity Name)

(Document Number)

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12 OCT 16 PM 12:18  
TALLAHASSEE, FLORIDA

B. BOSTICK  
OCT 17 2012  
EXAMINER

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LLC Amend

1. Brian's Mobile Auto Colors LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

FILED  
12 OCT 16 PM 12:18  
TALLAHASSEE FLORIDA

SPECIAL INSTRUCTIONS:

Jamie@TAXSAVERSFL.net

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

Brian's Mobile Auto Colors LLC

W/2000131230

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Brian's Mobile Auto Colors LLC

Name was misspelled. Name should be

Brian's Mobile Auto Colors LLC

**OR**

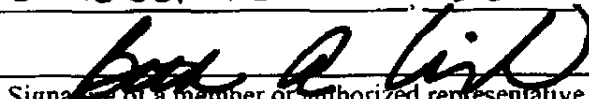


Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated:

October 16

2012

  
Signature of a member or authorized representative of a member

Beth A. Wilson

Typed or printed name of signee

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L12000131230  
FILED 8:00 AM  
October 15, 2012  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
BRIAN'S MOBILIE AUTO COLORS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3883 MAGARA TERRACE  
NORTH PORT, FL. 34287

The mailing address of the Limited Liability Company is:  
3883 MAGARA TERRACE  
NORTH PORT, FL. 34287

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
BRIAN BATES  
3883 MAGARA TERRACE  
NORTH PORT, FL. 34287

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BRIAN BATES

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
BRIAN BATES  
3883 MAGARA TERRACE  
NORTH PORT, FL. 34287

L12000131230  
FILED 8:00 AM  
October 15, 2012  
Sec. Of State  
jbryan

### **Article VI**

The effective date for this Limited Liability Company shall be:

10/15/2012

Signature of member or an authorized representative of a member

Electronic Signature: BRIAN BATES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.