

L12000143865

(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



400243426814

01/14/13--01032--004 **30.00

FILED
13 JAN 14 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 16 2013

G. McLEOD

LAW OFFICES
RICHARDS, GILKEY, FITE, SLAUGHTER, PRATESI & WARD, P.A.
RICHARDS BUILDING
1253 Park Street
Clearwater, FL 33756

(727) 443-3281
Fax: (727) 447-8830

RALPH RICHARDS (1893-1980)
JOHN D. FITE (1933-2000)
WILLIAM W. GILKEY (1921-2011)
JOHN E. SLAUGHTER, JR.
EMIL G. PRATESI
R. CARLTON WARD
THEO J. KARAPHILLIS

OF COUNSEL
PATRICK W. RINARD
ROBERT C. BURKE, JR.

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

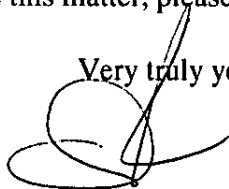
RE: Jeeps Plus LLC, Document #L12000143865 name change to Fezije's Jeep LLC

To Whom It May Concern:

Please find enclosed the application for name change for the above referenced matter together with our check in the amount of \$30 for the filing fee and a certificate of status

Should you have any questions regards this matter, please do not hesitate to contact me.

Very truly yours,



Debra B. Favero,
Real Estate Dept.

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Jeeps Plus 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:

Carlton Ward

Name of Person

Richards Gilkey Law Firm

Firm/Company

1253 Park Street

Address

Clearwater, Florida 33756

City/State and Zip Code

cward@richardsgilkey.com

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

For further information concerning this matter, please call:

Carlton Ward

Name of Person

at (**727**) **443-3281**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

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

Jeeps Plus 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 11/14/2012 and assigned Florida document number L12000143865.

This amendment is submitted to amend the following:

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

Fezije's Jeep 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

FILED
13 JAN 14 AM 11:27
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:

N/A

New Registered Office Address:

N/A

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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

N/A

Dated

January 11, 2013

Signature of a member or authorized representative of a member

CARLTON WARD

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00