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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ADVANCE ANTO REPAIRS LIC 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  ANJAN MALAPAKA  Name of Person
ADVANCE AUTO REPAIRS LLC Firm/Company
11081 CONISTON WAY
WINDERMORE FL 34786  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANJAN MALAPAKA at (407) 217 5278  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  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

	UTO REPAIRS	LLC	
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now orida Limited Liability Cor	y appears on our record npany)	<u>(s.</u> )
The Articles of Organization for this Limited Liab	ility Company were filed	on Jan 09,20	2) 3 and signed 5
Florida document number <u>L1300000</u>			
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability comp	any here:	TO OFFICE AND A SECOND
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability	Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	. 1993	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BC	<u></u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered offic		ss on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Francisco Florida	
		Enter Florida stre	ei aaaress
	Z0.	, Flori	
•	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	SAMEET K. RAD	11081 CONISTON WAY	Add
		WINDGEMORE, FL 34781	
			_
			Add
			Remove
			_
			Add
			Remove
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	MAR 3 <sup>vl</sup> , 2013.
	- / <del>-</del>
	MAR 3 <sup>VI</sup> , 2013.  By Journal of a member or authorized representative of a member  ANJAN MALAPAKA

Page 3 of 3

Filing Fee: \$25.00