L13000004644

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



100287671421

07/11/16--01029--005 **55.08



S Warren JUL 1 2 2016

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Advance A	uto Repairs Ilc		
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	o the following:	
		Anjan Malapaka		
			Name of Person	
		Advance Auto Repairs Ilc		
		V-186-1917 -	Firm/Company	
		1945 Pinecastle Circle		
			Address	
		Winter Garden, Florida 347	787	
			City/State and Zip Code	
		anjanmalapaka@yahoo.com		
		E-mail address: (t	o be used for future annual report notific	cation)
For further in	nformation c	oncerning this matter, please ca	II:	
Anjan Mala	paka		908 812-5978 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

Advance Auto Repairs IIc		
(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Compan	oears on our records.)
ne Articles of Organization for this Limited orida document number L13000004644	Liability Company were filed on	01-09-2013 and assigned
nis amendment is submitted to amend the fo	llowing:	
If amending name, enter the new name	of the limited liability company	<u>here</u> :
e new name must be distinguishable and contain the	words "Limited Liability Company," tl	ne designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	23
Principal office address MUST BE A STREET ADDRESS)		77
		577 T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		P Z: 20
		TE 20
If amending the registered agent angistered agent and/or the new registered		on our records, enter the name of the
Name of New Registered Agent:	Zdenek Otaviano Lins DAvila	
New Registered Office Address:	2627 NW 33rd ST APT2203	
	Enter i	Florida strect address
	Oakland Park	, Florida 33309
	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

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>	Type of Action
MGR	Zdenek Otaviano Lins DAvila	2627 NW 33rd ST APT2203	⊟ Add
		Oakland Park, FL 33309	□ Remove
			☐ Change
MGR	Anjan Malapaka	1945 Porteastle Circle	Add
		Winter Garden, FL 34787	■ Remove
		- 	Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change 7
			TO TI
			Remove 22: 20 Change

	ending any other information, enter change(s) here: (Attach additional sheets, if	-	_
			_
·			
•			_
•			_
			_
			_
			_
			_
-			_
			_
			_
		·	_
			_
·			
•		· · · · · · · · · · · · · · · · · · ·	_
•		out of the second secon	_
E. Effect	ive date, if other than the date of filing: 07-06-2016 (0	optional)	05.0303.(3)(
Note:	Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirements,	after filmg.) Pursuant to ou , this date will not be lis	sted as the
docum	nent's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an effective time, at 12:0 90th day after the record is filed.	01 a.m. on the earl	lier of:
Dated	07-06-2016	, ca	
	Signature of a member of authorized representative of a member		4 1
	WIAW Myped-or printed name of signee	<u> </u>	ED
		12: 20 STATE LORID	-
	Page 3 of 3	om o	

Filing Fee: \$25.00