# L13000142323

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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SUFFICENCY OF FILING

2010 RM 22 M 9: 54



# **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	rity Small En Name of Limit	Chine Repair, L. ed Liability Company	<u>LC</u>
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	in the confidence
	CArolyN A.	Dorsey  Name of Person  14/1 Engine Repu  Firm/Company	
	Unity Sm	1911 Engine Repu	ir llc Bank
	2400 _	Jim Lee houd	<b></b>
	Tallahusse dorsy. Co E-mail address: (1	City/State and Zip Code  Of the Holins. Longo be used for future annual report notification.	3301 2 (on)
For further information c	oncerning this matter, please ca	all:	
Carly 1. Do	say	at (850) 39/-5/ Area Code & Daytime Te	36
Name o	f Verson	Area Code & Daytime Te	elephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Q\$60.00 Filing Fec, 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

ecords.)

(Name of the Limited Lize (A Flo	ability Company as it now appears of orida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L / 3 00004</u>		21/13 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with th	ne words "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	1DDRESS)	***************************************
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
-	City	, Florida Zip Code
	-··· <i>y</i>	

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 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>	<u>Name</u>	Address	Type of Action
MGRM	LAroly Dorsey	2400 Im Lee Road	Add
	,	Tallahassne Fl 32301	Remove
<u>M G 8M</u>	Diann Fitz-Williams	2404 Jim Lee Road	2 Add
		Tallahasse, Fl. 32301	/_ Remove
MGRM	Jean JACKSON	2887 Royal Palm Way	
		Tallahasse, Fl. 32309	Remove
			Add
			Remove
			Add
			Remove
	•		Add
			Remove

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	Insert A as Middle initial for Carolyn Dorsey
-	Tusert A as Middle initial for Carolyn Dorsey For Andy Williams - First name is Andrew
-	
-	
Dated	3/22/13
	Cardyn Dorsey
	Signature of a member of authorized representative of a member  LAVOLIA DOSSI  Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00
	rang rec. \$25.00