

L13000 136147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

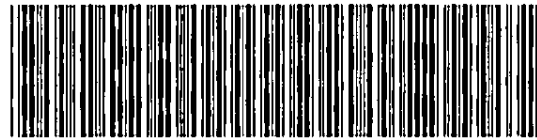
(Business Entity Name)

(Document Number)

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*Amend*

FEB 27 2020

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAL'S GARAGE, 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:

DM CAMPBELL

Name of Person

CAMPBELL, LAW

Firm/Company

PO BOX 24358

Address

LAKE LAND, FL 33802-4358

City/State and Zip Code

dmcampbell@campbelllaw.com

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

For further information concerning this matter, please call:

Mike Campbell

863 227-4315

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20 JAN 31 PM 5:13

FILED STATE  
DIVISION OF  
CORPORATIONS

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

SAL'S GARAGE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

20 JAN 31 PM 5:13  
CLERK OF COURT  
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/26/2013 and assigned  
Florida document number 1.13000136147

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)**

6955 CYPRESS GARDENS BLVD

WINTER HAVEN, FL 33884

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

PO BOX 24358

LAKELAND, FL 33802-4358

**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:

MIKE CAMPBELL

New Registered Office Address:

230 N. KENTUCKY AVE

Enter Florida street address

LAKELAND

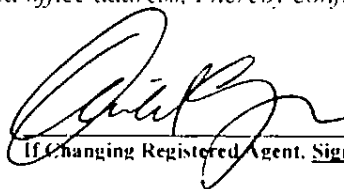
City

Florida 33801

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>	<u>Type of Action</u>
MGRM	HEIDI CAMPBELL	PO BOX 24358	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33802-4358	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	DANIELLE VIRZI	PO BOX 24358	<input checked="" type="checkbox"/> Add
		LAKELAND, FL 33802-4358	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JANUARY 27 2020

 - Member  
Signature of a member or authorized representative of a member

MIKE CAMPBELL

Typed or printed name of signee