L1300016W95

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700253954467

12/04/13--01022--018 **60.00

TALLAHASSECT TORRE

B. BOSTICK
DEC - 6 2013
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: D.R. FLYOMOTINE PROOF & Service 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:
David & Beasley Name of Person
D. P. Actornative Prepairs Service LLC Firm/Company
2387 Yellow Gross Coart Address
Apopta Florida 32712 City/State and Zip Code
Arouto repoir— service @yoro . com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (321) 263-6754 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) □ \$25.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status & 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

orida Limited I	Liability Compan	у)	_	
ility Company	were filed on	Dovember	7,2013 a	and assigned
95				
-	.1124	b		
ie iimited iiab	mity company	<u>nere</u> :		
he words "Lim	ited Liability Co	mpany," the design	ation "LLC"	or the abbreviation
le:				
ADDRESS)	····			<u> </u>
				<u> </u>
			±1.1 13.1	C.
			<u>ः</u> स्ट	<u> </u>
<u>0X)</u>			·	-3
				<u>(2)</u>
		on our records,	enter the n	ame of the new
Bened	e C P	peasleu		
2387	Yerlaw		Cour reet address	<u>+</u>
Apop	City	, Floi		712
	ility Company 95 ing: he words "Lim le: ADDRESS) registered of the address here	ility Company were filed on 95 ing: ne limited liability company he words "Limited Liability Con le: ADDRESS) registered office address of address here:	ing: ne limited liability company here: he words "Limited Liability Company," the design lie: ADDRESS) registered office address on our records, registered here: Perce C. Deasley 2387 Yellow Grass Enter Florida str	registered office address on our records, enter the metadress here: Perce C. Deasley 2387 Yellow Grass Cour Enter Florida street address Florida 32

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.

Changing Registered Agent, Signature of New Registered Agent

or Managing	Member being added or removed from	our records:	
MGR = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	<u>Name</u>		Type of Action
MERIN	Phenee C Bendey	2387 Yellaw Gross Ct Apropha FL 32712	Add
		Apropha FL 32712	Remove
			-
			Add
			Remove
			-
			_ L Add
			Remove
			15 DEC
		7 (f) (f) (f)	Add
			Remove
			Add
			Remove
			Add
			Remove

· If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

D. If a	mending any other, information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated_	november 26, 2013.
	and the state of t
	Signature of a member or authorized representative of a member
	DANID E BEASLEY Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00