L14 0000 34336

(Requestor's Name) (Address) (Address)
<u> </u>
<u> </u>
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/r Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
[
6/24/2

Office Use Only



400364365964

05/20/21--01008--008 **25.00

21 Háy 20 PH 12: 25

COVER LETTER

Division of Cor			« •	
DJ AŬTO (CARE OF TOWN & COUNTR	Y LLC	· 	
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
	ondence concerning this matter t			
ricase return arr correspo	Author extreming the	-		
	RICHARD B JONES			
		Name of Person		
		Firm/Company		
	6012 ELEANOR DR			
		Address	····	
	TAMPA, FL 33634			
		City/State and Zip Code		
	djautocare@outlook.com	to be used for future annual report notified	fication)	
			Hearton	
For further information	concerning this matter, please ca			
RICHARD B JONES		813 885-3500 at ()		
Name	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for		There are the track	S60.00 Filing Fee.	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
		Come a Addison		
Mailing Address: Registration Section		<u>Street Address:</u> Registration Sc		
Division of Corporations			Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SHOP SHOP SHOP

21 MAY 20 PH 12: 25

DJ AUTO CARE OF TOWN & COUNTRY LLC

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

The Articles of Organization for this Limited Liability	Company were filed on $\frac{02/28/20}{}$	14 and assigned
Florida document number L14000034336		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		s, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address: Enter		cet address
		Florida
	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 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

MGR = Manager AMBR = Authorized Member		And the Annual States		
Title	Name	Address 21. HAY 20 PH 12: 25	Type of Action	
MGR	RICHARD B JONES	2810 BENT LEAF DR		
		VALRICO, FL 33594	□Remove	
			= Change	
MGR	MELODY BRYAN	2810 BENT LEAF DR	■Add	
		VALRICO, FL 33594	□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
			□Add	
			□Remove	
			□ Change	
			□ Add	
			□Remove	
			□Change	
			□Add	
			□Remove	

÷