# L14000041702

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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

# REYNOLDS AUTOMOTIVE SERVICES LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# ARTHUR REYNOLDS

Name of Person

Firm/Company

### 591 HERITAGE LAKES AVE

Address

# PENSACOLA, FL 32506

City/State and Zip Code

### reynolds3001@bellsouth.net

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

For further information concerning this matter, please call:

# ARTHUR REYNOLDS

850, 456-1009

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# REYNOLDS AUTOMOTIVE SERVICES 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 3/12/14 and assigned Florida document number L14000041702 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 end with 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

### 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

, Florida

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member		
<u>Title</u>	<u>Name</u>	Address Type of Action
AMBR	Freda Reynolds	591 Heritage Lakes Ave _■ Add
		Pensacola, FL 32506
AMBR	Arthur Reynolds	591 Heritage Lakes Ave ■ Add
		Pensacola, FL 32506
		Add SEC A Compve
		PH CONTACT TO THE CON
		Add
		Add

). If amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of (The effective date must be specific, cannot be protected that this document is filed by the Florida December 1.	rior to date of receipt or filed date and cannot be more than 90 days after
Dated June 3	2014
Orthur Roy	molds.
7	ture of a member or authorized representative of a member
Arthur Reynolds	

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Filing Fee: \$25.00

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