# 1/4000054834

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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K.SALY EXAMINER MAR 30



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2016

STEVEN GRIFFIN
1820 N CONGRESS AVE.
APT. 110
WEST PALM BEACH, FL 3340

SUBJECT: STEVIE DORSEY MOBILE AUTO SERVICE LLC

Ref. Number: L14000054834 💥

We have received your document for STEVIE DORSEY MOBILE AUTO SERVICE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 116A00005480

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

TO: Registration Solvision of Col	rporations  OBOY NO	biled Liability Company	bevice LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Staeu 1820 II. ( 1820 III. ( 1820 II. ( 1820 III. (	Name of Person  OUGPESS AUC  Firm/Company  Address  City/State and Zip Code  to be used for future annual report	Paterio Doesar M Parto Sepurce L 12 April 110 33401 Smerca 19770 9 Monotification)	- Live
For further information of	concerning this matter, please ca	all:		
Have V Name o	GERTIN of Person	at (SCL) Hard Code Da	ytime Telephone 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	□ \$60.00 Filing Fee, Certificate of Status &	

(additional copy is enclosed)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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Stevie Par	SOY	Mobilet	to Selvice	e LIC
( <u>Name of the Limite</u>	d Liability Compa: A Florida Limited I	ny as it now appears on or Liability Company)	ir records.)	
The Articles of Organization for this Limited Lia Florida document number	ibility Company	were filed on APU	13,20/4	assigned
i ionda document numeer				
This amendment is submitted to amend the follow	wing:		是是 6	
A. If amending name, enter the new name of	the limited liab	lity company here:	10	28
The new name must be distinguishable and contain the wo	rds "Umited Liabil	Ity Company," the designat	ion "LLC" or the abbreviation	1.1.C.2
Enter new principal offices address, if applica	ble:	1820 N	Quaress	Ave
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>	A	Elia Rosali	11 224
•		MEDL	LAIN TROOM	LITH WS L
Enter new mailing address, if applicable:	·	1870	N Congr	255 Aug
(Mailing address MAY BE A POST OFFICE B	<u>:0x)</u>	west b	In Booch	4PL334
B. If amending the registered agent and/o registered agent and/or the new registered offi			records, enter the nam	e of the new
Name of New Registered Agent:	Stac	u Gail	10	
New Registered Office Address:	1820 1	I Cargo	S W AP	F 1(0
	libel helm	beach	, Florida	<u> </u>

### 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

or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Title **Address** Name CONGRESS AND Add ☐ Remove □ Change Christie le 8 ☐ Remove □ Change □ Add □<del>R</del>emove Remove ☐ Change ☐ Add ☐ Remove \_□ Change □ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Change

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ın effect	tive date is listed	, the date mus	t be specific a	nd cannot be	e prior to da	te of filing or	more than 90 d	lays after fil	ing.) Pursua	
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Filing Fee: \$25.00