L14000086874

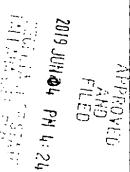
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		

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T GLASS



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2019

PAUL AKANNI 746 WAKEMONT DR ORANGE PARK, FL 32065

SUBJECT: TRYGOD AUTO PAINT & BODY WORK LLC

Ref. Number: L14000086874

We have received your document for TRYGOD AUTO PAINT & BODY WORK LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 819A00010522

2019 July 4- 11.3

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: TR	7900 Auto 1 Name of Lin	DAINT & BODY nited Liability Company	WORK LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
Please return all correspo	indence concerning this matter	to the following:		
	Paul A	Kanni Name of Person		
	TRYGOD	AUTO DAINT & Firm/Company	BODT INORK	LC
	746 Wakei	Mont- Brive		2019
			1. j.	
	grange part	i, FL 32065	-: :-	FILED III P
	Trylad 2 038 (City/State and Zip Code 34 Mor. Com (to be used for future annual report noti	(Hoution)	FILED 2019 JUN 14 PM 4: 24
For further information c	oncerning this matter, please c			24
Paul 1 Name o	Kanni Person	at (<u>9 84</u>) <u>552</u> Area Code Daytim	3643 ne Telephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee ■ 1.00 Filing Fee ■ 2.00 Filing Fee ■ 3.00	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee	
+5 FM Certifi	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Sta Certified Copy (additional cupy is en	

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**

TRYGOD AUTO PAINT & B	ODY KIOVK LLC
TRYGOD AUTO PAINT & R (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on OS/30/2014 and assigned
Florida document number 14000586874	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
TRY GOD AUTO SALES, ILC	
TRY GOD A4TO SALES, LLC The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	746 Makemont St 32065
	FL 32065
Enter new mailing address, if applicable:	Orange park
(Mailing address MAY BE A POST OFFICE BOX)	746 Klakement Dr. 3 Orange park 5 FL 32065
	FL 3265
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> e:
Name of New Registered Agent: New Registered Office Address:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Non-Books and A. C. Company	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 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 = M AMBR = A	MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
Mgr	Greene Shaun G.	746 Klakement Jr Orange park FL32565	Add			
		Orange park FL32565	R emove			
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an effi ote:	ce date, if other than the date of filing:	Pursuant (10 605.(e listec	0207 d as
Tho	ord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. of 90th day after the record is filed.	on the ϵ	arlie	r of:
	5 31 20 ig Final Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00