

#L14000100648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

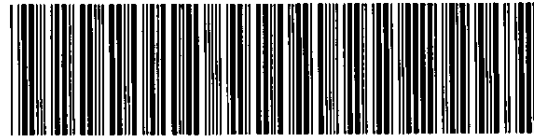
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700263702577

09/03/14--01002--004 **25.00

RECEIVED
2014 SEP -3 AM 8:24
SUFFICIENCY OF FILING

14 SEP -3 AM 8:37
SECURITY STATE
TALLAHASSEE, FLORIDA

ATTACHED
FILED

K. SALY
EXAMINER
SEP -3 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Front Beach Auto 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:

Robert Patterson

Name of Person

Front Beach Auto Service LLC

Firm/Company

2009 Dorothy Ave.

Address

Panama City Beach, FL 32408

City/State and Zip Code

fb.autoservice2014@gmail.com

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

For further information concerning this matter, please call:

Robert Patterson

Name of Person

850 6877758

at ()

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**

Front Beach Auto Service LLC

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

NOT RECORDED
FILED
14 SEP -3 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 24, 2014 and assigned
Florida document number L14000100648.

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

_____, 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
CEO	Robert Brinkley	349 Cassidy Lane	<input type="checkbox"/> Add
		Ponce De Leon, FL 32455	<input checked="" type="checkbox"/> Remove
AMBR	Apinya Patterson	5807 Butler Dr. Unit 19	<input checked="" type="checkbox"/> Add
		Callaway, FL 32404	<input type="checkbox"/> Remove
AMBR	Robert Patterson	5807 Butler Dr. Unit 19	<input type="checkbox"/> Add
		Callaway, FL 32404	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove


14 SEP - 3 AM 8:37
SECURITY
TAMPA, FL
FILED
RECEIVED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 2, 2014



Signature of a member or authorized representative of a member

Robert Patterson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 SEP -3 AM 8:37
STATE
TALLAHASSEE FLORIDA
ATTORNEY
FILED