# 114000/08/12

(Requestor's	Name)
(Address)	<u> </u>
(Address)	
(City/State/Zip	b/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document No	umber)
Certified Copies Cert	dificates of Status
Special Instructions to Filing Office	per:

Office Use Only



000324057710

02/04//19-+01/032-+013 \*\*55.00

S TALLENT FEB 1 4 2019

Arry 1



## **COVER LETTER**

Division of Cor	porations		
SUBJECT: John	son Auto Rep	2910 LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mark	W Johnson Name of Person	)
	MGR Own	Firm/Company	<del></del>
	6691 33rd	5t Eust Address	
	Sarasota 1	City/State and Zip Code	
	1 Johnsungutore E-mail address:	n4. r a 6 m4. l . Co do lo be used for future annual report notif	n V
For further information co	oncerning this matter, please ca	all:	
Ma/h John	Person	at $(941)$ Area Code Daytime	2973 : Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

Registration Section

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

1/1

Johnson AyTo	Epair, LL		
(A Florida Limited Liability Com	panyas it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Comparison document number $L/4000108172$ .	ny were filed on <u>07-09-201</u>	4 and assigne	:d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
Johnson's Restoration + Restor	pair LLC  ability Company," the designation "LLC" or the a	abbreviation "L.L.C."	<u>/</u>
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2010 Whitield Park		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Some AS Ab	hove	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the names of t	the new
			<u> 151</u>
Name of New Registered Agent:		י ני	
New Registered Office Address:		ř (	<u> </u>
	Enter Florida street address		
	Florida	Zip Code	<del></del>
	Ciny.	za coue	

### 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 = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
		Add	
		☐ Remove	
			Add
			Remove
			☐ Change
			□ Remove
			<b>D</b> ct

	· .
C fffoo	tive date, if other than the date of filing: (optional)
f an ef Note:	tive date, if other than the date of filing:
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	January 29 2019/
	11/ MAN/X W//// ////W
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member