

L14000145620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014

RECEIVED  
14 DEC - 1 AM 10:57  
DIVISION OF CORPORATION

FILED  
2014 DEC - 1 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan DEC 2 - 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 382316 8014298

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : November 18, 2014

ORDER TIME : 8:51 AM

ORDER NO. : 382316-010

CUSTOMER NO: 8014298

DOMESTIC AMENDMENT FILING

NAME: FLORKOWSKIS COMPLETE AUTO  
REPAIR, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florkowskis Complete Auto Repair, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

John Florkowski

Name of Person

at ( 352 )

Area Code

307-2203

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

FILED

2014 DEC -1 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florkowskis Complete Auto Repair, 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 Sep - 17 - 2014 and assigned  
Florida document number 614000145620

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:

7520 E Hwy 25 Belleview, FL 34420

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

7520 E Hwy 25 Belleview FL  
34420

(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

City, Florida

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>                      |
|--------------|--------------------|--------------------|--------------------------------------------|
| AMBR         | JOHN E. FLORKOWSKI | 7520 E HWY 25      | <input checked="" type="checkbox"/> Add    |
|              |                    | BELLEVUE, FL 34420 | <input type="checkbox"/> Remove            |
|              |                    |                    |                                            |
| AMBR         | JOHN E. FLORKOWSKI | 7529 E HWY 25      | <input type="checkbox"/> Add               |
|              |                    | BELLEVUE, FL 34420 | <input checked="" type="checkbox"/> Remove |
|              |                    |                    |                                            |
|              |                    |                    | <input type="checkbox"/> Add               |
|              |                    |                    | <input type="checkbox"/> Remove            |
|              |                    |                    |                                            |
|              |                    |                    | <input type="checkbox"/> Add               |
|              |                    |                    | <input type="checkbox"/> Remove            |
|              |                    |                    |                                            |
|              |                    |                    | <input type="checkbox"/> Add               |
|              |                    |                    | <input type="checkbox"/> Remove            |
|              |                    |                    |                                            |
|              |                    |                    | <input type="checkbox"/> Add               |
|              |                    |                    | <input type="checkbox"/> Remove            |
|              |                    |                    |                                            |

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

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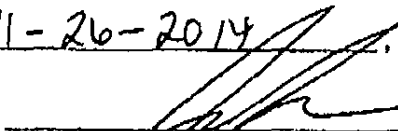
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 11-26-2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
John E. Piorkowski  
\_\_\_\_\_  
Typed or printed name of signer

FILED  
2014 DEC - 1 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA