

L14000175973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

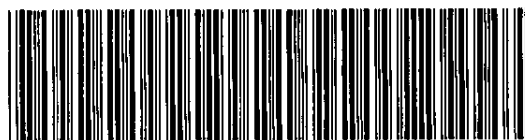
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 27 2015

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POP N SONS AUTOCRAFT 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:

LENNOX WALKER

Name of Person

Firm/Company

4724 RUTHENIA ROAD

Address

TALLAHASSEE, FL 32305

City/State and Zip Code

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

For further information concerning this matter, please call:

LENNOX WALKER

Name of Person

850 597-4431
at ()

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

POP N SONS AUTOCRAFT LLC

AUTO CRAFT TUNE-UPS-CENTER-LLC

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

LENNOX WALKER

4724 RUTHENIA ROAD

Enter Florida street address

TALLAHASSEE

Florida 32305

City

Zip Code

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TIRRELL WILKERSON	4724 RUTHENIA ROAD	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32305	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LENNOX WALKER	4724 RUTHENIA ROAD	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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

Please add EIN # 37-1563685

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TALLAHASSEE, FLORIDA

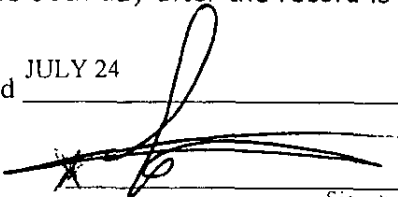
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JULY 24, 2015



Signature of a member or authorized representative of a member

LENNOX WALKER

Typed or printed name of signee