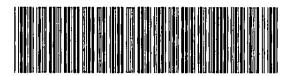
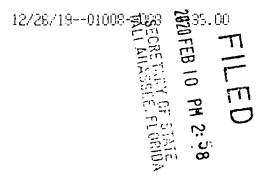
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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January 28, 2020

REMEDY AUTO CLINIC LLC 4155 DOW RD UNIT N MELBOURNE, FL 32934

SUBJECT: REMEDY AUTO CLINIC LLC

Ref. Number: L14000181464

We have received your document for REMEDY AUTO CLINIC LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Letter Number: 920A00001994

Yasemin Y Sulker Regulatory Specialist III

#### **COVER LETTER**

TO:

Registration Section

Div	ision of Corpo	orations		
Chinarian		JTO CLINIC LLC		
SUBJECT:		Name of Limit	ed Liability Company	··-
The enclosed	l Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	lence concerning this matter to	o the following:	
		ERIN BARNES		
			Name of Person	<del></del>
			Firm/Company	
		2100 CINDY CIR		
			Address	
		MELBOURNE, FL 32935		
		DELICE VILLEGE DIGGG	City/State and Zip Code	
		REMEDYAUTOCLINIC@G	OMAIL.COM  be used for future annual report not	ification)
For further in	nformation con	cerning this matter, please cal	H:	
ERIN BAR	NES		814 932-9468	
	Name of P	erson	Area Code Daytir	ne Telephone Number
Enclosed is a	a check for the	following amount:		
	ailed 12113	S30.00 Filing Fee & Certificate of Status  3 cleared 18130119	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
4	35.00			,
Reg Div P.C	iling Address: gistration Servision of Cor D. Box 6327 Ilahassee, FL	porations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Suitc 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## REMEDY AUTO CLINIC 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 $\frac{11/24/2014}{2014}$ and assigned Florida document number L14000181464 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Ż Name of New Registered Agent:

#### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

. Florida \_

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>	Address	Type of Action
MGR	ERIN BARNES	2100 CINDY CIR	□Add
		MELBOURNE, FL 32935	≣Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the dan effective date is listed, the date must lote: If the date inserted in this blococument's effective date on the Dep	late of filing: be specific and cannot ik does not meet th	e applicable s	e of filing or more statutory filing r	than 90 days after	t <b>ional)</b> er filing.) Pursuant is date will not	t to 605,0207 ( be listed as t
record specifies a delayed effective Lis filed.	date, but not an eff	ective time, a	t 12:01 a.m. on	the earlier of: (	b) The 90th da	iy after the
ris filed.						
FEBRUARY 1	202	0				
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