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(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phon	e #)
(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:	MAIL	
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Certified Copies	Certificate	s of Status
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SECRETARY OF STAIL
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K.SALY EXAMINER JUL 15 2015

COVER LETTER

S&S Auto R SUBJECT:	· ·				
Division of Corporations S&S 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: Eliut J. Serrano Name of Person S&S Auto Repair LLC Firm/Company 2527 east main st Address Lakeland FL 33801 City/State and Zip Code melopez186@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melissa Lopez Name of Person Daytime Telephone Number					
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
Division of Corporations S&S Auto Repair LLC Name of Limited Liability Company					
	Address Lakeland FL 33801 City/State and Zip Code melopez1 86@yahoo.com E-mail address: (to be used for future annual report notification) Darmation concerning this matter, please call: Melissa Lopez Name of Person S 63 934-9099 Area Code Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certificat Copy Certificate of Status &				
	Name of Person S&S Auto Repair LLC Firm/Company 2527 east main st				
		Firm/Company			
	:	2527 east main st			
		Address	,		
	Lakeland FL 33801				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notifi-	cation)		
For further information co	ncerning this matter, please ca	all:			
Melissa L	Name of Person S&S Auto Repair LLC Firm/Company 2527 east main st Address Lakeland FL 33801 City/State and Zip Code melopez186@yahoo.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Melissa Lopez Name of Person Name of Person Name of Person Name of Person Daytime Telephone Number				
Name of	Person		Telephone Number		
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		

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

FI	ED
2015 JUL 13	LU
- 13 SECine =:	PM 2:00

5	S&S Auto Repair LLC	PARS ON OUR PECONAS A LA CASTA COSTA
(Name of the Lim	ted Liability Company as it now app (A Florida Limited Liability Company	ears on our records. AHASSEE. FLORIDA
The Articles of Organization for this Limited I	Liability Company were filed on	February 06,2015 and assigned
Florida document number L15000023304		
This amendment is submitted to amend the fol	lowing:	
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," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Tutou new mailing address if annicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and	•	on our records, enter the name of the n
registered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	2527 east main st	
·	Enter 1	Florida street address
	Lakeland	, Florida 33801
	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
Owner	Eliut J. Serrano	928 west 11 st Lakeland Fl 33805	■ Add
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