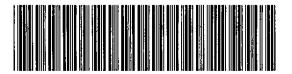
L150000 24768

| (Re | questor's Name) | - |
|-------------------------|-------------------|-------------|
| (Add | dress) | _ |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | : |
| | | |

Office Use Only



500276065525

08/17/15--01019--014 **25.00



AUG 18 2015 J SHIVERS

COVER LETTER

| Division of Cor | | | |
|----------------------------|---|---|--|
| SUBJECT: MCK | enney's Abtom Name of Limi | otive Services L. | L.C. |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Richard | d McKenney II Name of Person | |
| | Mc Kenney' | 3 Automotive Servi Firm/Company | ices L.L.C. |
| | <u>430 W.M</u> | ichisan Ave. Address | \$ 27 (1987 x 1) |
| | Pensacal | City/State and Zip Code | |
| | McKenneys (| o be used for future annual report notif | fication) |
| For further information co | oncerning this matter, please ca | il: | |
| Richard V | McKenney II Person | at (850) 830. Area Code Daytimo | e Telephone Number |
| Enclosed is a check for th | e 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

imited 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 _ Florida document number L15000024768. 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 "L.L.C." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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> | Address | Type of Action |
|--------------|-------------------------|-------------------|----------------|
| <u>AMBR</u> | Richard N. McKenney Sr. | 6043 Judy Dr. | Add |
| | | Milton, FL. 30570 | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | 🗆 Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |

| | | - |
|---|--|----------|
| | | _ |
| | | |
| | | _ |
| | | _ |
| | | _ |
| | | |
| | | _ |
| | | - |
| | | - |
| | | |
| | | _ |
| | | - |
| | | _ |
| | -C 01 | _ |
| | UG I | - |
| | 57.7 J | - 3 |
| | | - [] |
| | 5 2: 5 2: | All have |
| | | |
| fective date, if other than the date of filing: | (optional) | |
| an effective date is listed, the date must be specific and cannot be prior to date of filing or to ote: If the date inserted in this block does not meet the applicable statutory filing. | | |
| ocument's effective date on the Department of State's records. | ng requirements, this date will not be its | |
| | | |
| record specifies a delayed effective date, but not an effective The 90th day after the record is filed. | time, at 12:01 a.m. on the earl | ier (|
| The Jour day after the record is med. | | |
| ated July 24 , 2015. | | |
| | | |
| | | |

Page 3 of 3

Filing Fee: \$25.00