

LP000026906

(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:

Office Use Only



700269613377

700269613377  
03/09/15--01007--020 \*\*25.00

FILED

15 MAR -9 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 24 2015

S. YOUNG

**TO  
ARTICLES OF ORGANIZATION  
OF**

**TAMPA 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 2/12/2015 and assigned  
Florida document number L15000026906

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

13791 N. NEBRASKA AVE  
TAMPA, FL 33613

**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:

ROGER WHITE

New Registered Office Address:

3722 CYPRESS MEADOWS RD

*Enter Florida street address*

TAMPA

Florida

33624

*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

**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>
MGR	MUNIZ, AARON	16114 RAMBLING VINE DR WEST	<input type="checkbox"/> Add
		TAMPA, FL 33624	<input checked="" type="checkbox"/> Remove
MGR	ZWIRN, GREGORY S.	13791 N. NEBRASKA AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33613	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
15 MAR - 10 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Please change the information in the Authorized Persons section, "Name and

Address" of Roger White to: 13791 N. NEBRASKA AVE, TAMPA, FL 33613

Roger will be the registered agent and will receive RA information at the

address: 3722 CYPRESS MEADOWS RD, TAMPA, FL 33624

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 MARCH 3 , 2015

Signature of a member or authorized representative of a member

ROGER WHITE

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

FILED  
15 MAR -9 PM 5:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA