

L5000036017

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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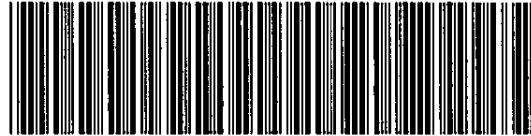
(Business Entity Name)

(Document Number)

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MAR 26 2015
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15 MAR -9 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.A.M. Complete auto Care 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:

Merquiades Rios
Name of Person

J.A.M. Complete Auto Care LLC
Firm/Company

1934 DAM Drive A
Address

Fort Myers FL 33907
City/State and Zip Code

J.A.M. Complete auto care@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Merquiades Rios at (740) 707-0148
Name of Person Area Code Daytime Telephone Number

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

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

J.A.M. Complete Auto Care 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 February 26th 2015 and assigned Florida document number L15000036017

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 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)

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:

Merquiades Rios

New Registered Office Address:

1934 Dana Drive A
Enter Florida street address

Fort Myers
City

Florida

33907
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.

Merquiades Rios
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
AMBR	Merquiades Rios	1116 SW 28th Street Cape Coral FL 33914	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Merquiades Rios	1116 SW 28th Street - Cape Coral FL 33914	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Business address	1934 Dana Drive Fort Myers FL 33907		
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I Merquiades am the Owner of J.A.M. complete Auto Care LLC
and I am the manager. There are no other Authorized members.
This is my Business that I Solely Manage.
please add this information to the website.

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 3/3/2015, _____.

Merquiades Rio-

Signature of a member or authorized representative of a member

Merquiades Rio.

Typed or printed name of signee

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CLERK OF THE COURT
STATE
FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Document Number****Florida Limited Liability Company**

JAM COMPLETE AUTO CARE LLC

Filing Information

Document Number	L15000036017
FEI/EIN Number	NONE
Date Filed	02/26/2015
State	FL
Status	ACTIVE
Effective Date	02/26/2015

Principal Address1934 DANA DRIVE A
FORT MYERS, FL 33907**Mailing Address**1934 DANA DRIVE A
FORT MYERS, FL 33907**Registered Agent Name & Address**RIOS, MERQUIADES
116 SW 28TH STREET
CAPE CORAL, FL 33914**Authorized Person(s) Detail**

★ NONE

Annual Reports

No Annual Reports Filed

Document Images

02/26/2015 -- Florida Limited Liability

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