

L15000036313

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OCT 29 2015

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FAS-TECH AUTOMOTIVES 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:

Daphne Davis  
Name of Person

FAS-TECH Automotive Repair Service LLC  
Firm/Company

6440 Garden Road Suite 5  
Address

Riviera Beach, FL 33404-6304  
City/State and Zip Code

Fastechautomotive11c@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daphne Davis at (561) 670 2363  
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

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

FAS- TEC Automotive Repair & Service 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 01/01/2015 and assigned  
Florida document number L15000036313

This amendment is submitted to amend the following:

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

FAS TECH AUTOMOTIVE Repair & Service LLC  
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)

6440 Garden Road  
Suite 5  
Biviera Beach FL 33404-6304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

**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:

Daphne Davis  
6440 Garden Road Suite 5  
Enter Florida street address  
Biviera Beach, Florida 33404-6304  
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.*

Daphne Davis  
**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jennifer L. Davis	501 N. Ware Drive	<input type="checkbox"/> Add
		West Palm Beach FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Courtney Davis	6440 Garden Road	<input type="checkbox"/> Add
		Suite 5	<input type="checkbox"/> Remove
		Riviera Beach FL 33404-6304	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I ask that the correction of named manager  
Courtney Davis as shown be revised as  
noted of the change shown.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: October 15, 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 15, 2015.

  
Signature of a member or authorized representative of a member

Courtney Davis

Typed or printed name of signee