

**L15000134862**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000124226 3)))



H160001242263ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310  
16 MAY 19 AM 10:24

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: documents@incorp.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
REQUICKAUTOSERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

MAY 20 2016

**S. YOUNG**

H16000124226 3

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: REQUICKAUTOSERVICES, 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:

Erin Regan

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy, Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Regan

702

866-2500

at ( )

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

H16000124226 3

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 19 AM 10:24

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

H16000124226

**REQUICKAUTOSERVICES, 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 08/07/2015 and assigned  
Florida document number L15000134862

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:

410 Old School House Road E

(Principal office address MUST BE A STREET ADDRESS)

Davenport, FL 33837

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

City

Florida

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

H160001242263

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H160001242263

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Benjamin W. Lewis	404 Old School House Road E	<input type="checkbox"/> Add
		Davenport, FL 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Karon Lewis	410 Old School House Road E	<input checked="" type="checkbox"/> Add
		Davenport, FL 33837	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 19 AM 10:21

H160001242263

H160001242263

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 505.0207 (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

**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.

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

**Dated** May 3, 2016



6  
Tom Munn

Signature of a member or authorized representative of a member

## Karon Lewis

**Typed or printed name of signer**

H160001242263