115000207305

(Re	equestor's Name)	
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FILING CANCELLED RETURNED CHECK

900285539653 05/10/16-01020-012 **25.00

PER MAY 10 P S 05

MAY 1 2 2016

SWARREN

COVER LETTER

Division of Corporations
SUBJECT: William Miller Automotive Services, LUC 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:
William Miller Name of Person
William Miller Automotive Services, LLC Firm/Company
1764 38th Ave N
St Petersburg, FL 33713 CharState and Zip Code Shocking finish Gamail. Com E-mail address: (to be used for future undual report notification)
Shocking finish Gamail. Com E-mail address: (to be used for future undual report notification)
For further information concerning this matter, please call:
William Miller at 127 565-8878 Name of Person at 127 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\(\text{Certificate of Status} \) \$55.00 Filing Fee \$\(\text{Certified Copy} \) (additional copy is enclosed) \$\(\text{Certified Copy} \) (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

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ARTICLES OF ORGANIZATION **OF**

William Miller Automotive Services LLC

(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000207305</u>	were filed on December 14,2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TO P SI OS
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	n/a
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Desistered Access Company of shareing Desistered Access	спу гар хойг

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

FILING CANCELLED

MGR = Manager AMBR = Authorized Member RETURNED CHECK **Address Type of Action** <u>Title</u> <u>Name</u> AMBR Probert V. Miller 1645 Eden Court Clearwater, FL 33756 □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove □ Change ☐ Add ☐ Remove ☐ Change بن Remove ☐ Change

FILING CANCELLED	
RETURNED CHECK	
	
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