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COVER LETTER

TO:	Registration Se Division of Cor			•	
 SHRI	Famous Qu JECT:	ick Lube, LLC		*	
300.		Name of Lim	ited Liability Company	••	
		Amendment and fee(s) are sub	-		
	·	Anwar O. Snober	J		
Name of Person					
		Law Office of Anwar O. S	nober		
	Firm/Company				
		6817 Southpoint Parkway, Suite 204			
		Address			
		Jacksonville, Florida 32210	6		
			City/State and Zip Code		
		snoberlaw@gmail.com	to be used for future annual report notifi	cotton	
For fu	urther information co	oncerning this matter, please ca	·	canony	
Andy	Y. Akel		904 885-5012		
Name of Person		f Person	at () Area Code Daytime	Telephone Number	
Enclo	sed is a check for th	ne 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

FAMOUS QUICK LUBE, LLC	
(Name of the Limited Liabi (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on JANUARY 21, 2016 and assigned
Florida document number L16000014415	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)
	<u> </u>
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	·
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u> </u>	
	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

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>	Address	Type of Action
MGR	JAMEEL Y. AKEL	91 Ninewells Rd.	■ Add
		St. Johns, FL 32259	□ Remove
			□ Change
			Add
			☐ Remove
			Change
			□ Add
			Remove 17
			Change
			Change DAdd Remove
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			Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change

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r ne	
(If an e	effective date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of e 90 th day after the record is filed.
Dated	December 15, 2017
*****	Andy Yake
	Signature of a member or authorized representative of a member
	Andy Y. Akel

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Typed or printed name of signee

Filing Fee: \$25.00