

L16000107999

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 OCT 17 PM 4:09

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K. SALY
OCT 17 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TURBO STANS TOTAL CAR 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:

SHERRI A BRIGHTMON

Name of Person

SAVY ADVOCATE & ASSOCIATES TEAM

Firm/Company

17874 47th STREET

Address

LOXAHATCHEE, FLORIDA 33470

City/State and Zip Code

Savyadvocate1@hotmail.com

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

For further information concerning this matter, please call:

SHERRI BRIGHTMON

818 408-9591
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

TURBO STANS TOTAL CAR CARE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 OCT 17 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 3, 2016 and assigned
Florida document number L16000107999.

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:

(Principal office address MUST BE A STREET ADDRESS)

815 14th STREET

LAKE PARK, FL 33403

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS OFFICE
ADDRESS 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:

Stanley Souffrant

New Registered Office Address:

815 14th STREET

Enter Florida street address

LAKE PARK

City

, Florida 33403

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 appending 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>
AMBR	BRAD BAUGHMAN	1100 BELL AVE	<input checked="" type="checkbox"/> Add
		NEW BUFFALO, MI 49117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROBERT D FRONRATH	1301 10th STREET	<input type="checkbox"/> Add
		LAKE PARK, FL 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JERRY D LEE	1301 10th STREET	<input type="checkbox"/> Add
		LAKE PARK, FL 33403	<input checked="" 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

2016 OCT 17 1:00 PM
 FLORIDA DEPARTMENT OF
 TRANSPORTATION
 TALLAHASSEE, FLORIDA

2016 OCT 17 PM 4:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 OCT 17 PM 4:03
U.S. DISTRICT COURT
NORTH DAKOTA
WALL HASSEE.

(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)

Dated OCTOBER 11 2016

STANLEY SOUFFRANT

Filing Fee: \$25.00