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(Requestor's Name)
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(City/State/Zip/Phone #)
(Only) State / 2.p/ Hone #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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D. BRUCE DEC 08 2016

COVER LETTER

TO:		istration Sect sion of Corpo						
CHDH	ect.	TURBO STA	NS TOTAL CAR CARE LL	С				
SUBJI	LCI;		Name of Limi	ted Liability Company				
The en	closed	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please	return	all correspond	dence concerning this matter	to the following:				
			STANLEY SOUFFRANT					
				Name of Person				
			TURBO STANS TOTAL (CAR CARE LLC				
				Firm/Company				
			815 14TH STREET					
				Address		SE SE	201	
			LAKE PARK, FL 33403			CRET	2016 DEC - 7	7
			STAN@TURBOSTANS.CO	City/State and Zip Cod OM	e	ARY o		ĺ"
			E-mail address: (I	to be used for future annu-	al report notification)		Þ	
For fu	rther in	iformation cor	ncerning this matter, please ca	all:		ORIO ORIO	A II: 40	
STAN	LEY S	SOUFFRANT		561 7 at () _	729-5501	<i>></i>	<u> </u>	
		Name of I	Person	Area Code	Daytime Telephone N	Number		
Enclos	sed is a	check for the	following amount:					
□ \$2	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fed Certified Copy (additional copy is e	enclosed) Ce	0.00 Filing ertificate o ertified Cop dditional copy	f Status py	

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

ompany as it now appears on our recornited Liability Company)	<u>'ds.</u>)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{6-3-2016}{}$.			
The Articles of Organization for this Limited Liability Company were filed on 6-3-2016 and assigned			
Liability Company," the designation "LL	C" or the abbreviation "L.L.C."		
<u> </u>	2016 SE		
	DEC -		
ter new principal offices address, if applicable: **Inicipal office address MUST BE A STREET ADDRESS** **Iter new mailing address, if applicable: **Iter new mailing address MAY BE A POST OFFICE BOX** **Iter new mailing address MAY BE A POST OFFICE BOX** **Iter new mailing address MAY BE A POST OFFICE BOX** **Iter new mailing address of applicable: **Iter n	77" }		
	ORID.		
Enter Florida straat adde	ass		
, F	lorida Zip Code		
	liability company here: Liability Company," the designation "LL S) 815 14TH STREET LAKE PARK, FL 33403 ed office address on our records here: Enter Florida street address, F.		

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
AMBR	JERRY LEE	1301 10TH STREET	🗖 Add
		LAKE PARK, FL 33403	■ Remove
			Change
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			☐ Change
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			☐ Remove
			2016 DEC - 7
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			3-1-2016						
ective date, if other effective date is listed, the	than the date	of filling: _		o date of filing	or more than (optic	onal) Gling) Pi	remant to	605 02i
te: If the date inserted	in this block do	es not mee	t the applica	ble statutory	filing require	ements, this	s date wi	ll not be	listed a
ument's effective date	on the Departn	nent of State	e's records.						
record specifies a			e, but not	an effecti	ve time, a	t 12:01 a	a.m. on	the ea	arlier
he 90th day after	the record is	s filed.							
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Page 3 of 3

Filing Fee: \$25.00