# 11000131938

Office Use Only



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## **COVER LETTER**

TO: Registration Section     Division of Corporations
SUBJECT: BUSINESS NAME CHANGE
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
l Please return all correspondence concerning this matter to the following:
Rishiram Kissoon Name of Person
R&J Auto REPair L. L'C Firm/Company
3908 E Clifton st Address
Tampa fh 33610  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
12: Shi-am Kissoon a1(813) 69577/6
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Ce

### 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

REJ AUTO REPA (Name of the Limited Liability Company)  (A Florida Limited  The Articles of Organization for this Limited Liability Company)	INP LLC
(Name of the Limited Liability Comps	any as it now appears on our records.)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on JOLY 13, 2016 and assigned
Florida document number <u>L16000131938</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
KISSOON'S AUTO SALES AND	SERVICE LLC
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	3704 DR. MARTIN LUTHER KING JR. BLY TAMPA, FLORIDA 33EIG
	TAMPA FLORIDA 33EIG
Enter new mailing address, if applicable:	20.60 = 01.5=01.05
(Mailing address MAY BE A POST OFFICE BOX)	3908 E. CLIFTON STREET TAMPA FLORIDA 33610
	IAMPA, FLORIDA 33610
R If amonding the registered agent and/or registered of	office address on our records, enter the name of the new
registered agent and/or the new registered office address her	
Name of New Registered Agent: Kisk	iram Kissoon
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
l .	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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

MGR = A	Manager		
$\mathbf{AMBR} = A$	Authorized Member		
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fective date is lis	ther than the date sted, the date must be spe	cific and cannot b	pe prior to date of t	iling or more tha	optiona (optiona n 90 days after filia	ng.) Pursuant to 60
If the date ins nent's effective	serted in this block do date on the Departm	es not meet the nent of State's re	applicable statu ecords.	tory filing requ	irements, this da	te will not be lis
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Filing Fee: \$25.00