L17 000079366

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor		•	
SUBJE		LL CARE AUTO LLC		
30DJL.		Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JOSEPH A MAYNARD		
			Name of Person	
		DREWS ALL CARE AU	TO LLC	
			Firm/Company	
		600 ORANGE STREET		
			Address	
		TITUSVILLE, FL 32796		
			City/State and Zip Code	
		JMAYNARD266@GMAIL	COM to be used for future annual report not	tication
For furth	ner information c	oncerning this matter, please c	·	incarron)
JOSEPH	I A MAYNARD		321 362-2287	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	d 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 Addres Registration S		Street Address: Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DREWS ALL CARE AUTO LLC

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

The Articles of Organization for this Limited Liability Co Florida document number L17000079366	ompany were filed on <u>04/10/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
ALL CARE AUTO LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR		
The state of the s		
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address an our records onter the na-	no of the new registers
agent and/or the new registered office address here:	torrect address on our records, enter the har	, FF T
Name of New Registered Agent:		
		A com as vacan Pa
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida,	7: 6: 1
		Zip Code
New Registered Agent's Signature, if changing Registered	i Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and I am ent as provided for in Chapter 605, F.S. Or	familiar with and ;, if this document is
	If Changing Registered Agent, Signature of New Re	egistered 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
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			│ □Change
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	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur ock does not meet the applicable statutory filing requirements, this date will	
	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after the
ecord specifies a delayed effective	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after the
record specifies a delayed effective is filed.		th day after the

Filing Fee: \$25.00