

L1700098295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

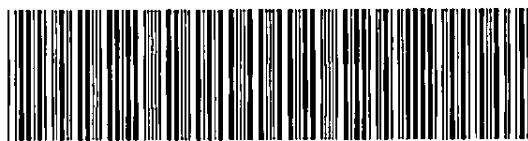
(Business Entity Name)

(Document Number)

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S. WARREN

OCT 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Florida Repairs Limited Liability Company
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:

JAMES PITTS
Name of Person

North Florida Repairs, Limited Liability Company
Firm/Company

603 W. Pratt Street
Address

Starke, FL 32091
City/State and Zip Code

northfloridarepairsLLC@gmail (All lower case)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNN HURST at (386) 275-9304
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

TO
ARTICLES OF ORGANIZATION
OF

North Florida Repairs Limited Liability Company
(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 Company were filed on May 3, 2017 and assigned Florida document number 117000098295

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

North Florida Repairs, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

603 W. Pratt Street
Starke 71 32091

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF DISTRICT COURT
ALLIANCE STATE
FLORIDA

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:

Cathy T. Pitts

New Registered Office Address:

603 W. Pratt Street

Enter Florida street address

Starke, Florida 32091

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.

Cathy T. Pitts

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Registered Agent	LYNNSIE E. AUSTIN	603 W. Pratt Street	<input type="checkbox"/> Add
		Starke Fl 32091	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF STATE
TALLAHASSEE, FLORIDA

- 1) Remove prior Registered Agent
- 2) Add new Registered Agent
- 3) Change the Listing Name from:
Limited Liability Company
to LLC.
- 4) Articles of Organization enclosed

E. Effective date, if other than the date of filing: 10-1-2017 (optional)

(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)

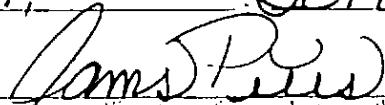
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

Dec 1, 2017



Signature of a member or authorized representative of a member

JAMES PITTS

Typed or printed name of signer

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA