11000 205 213

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	· · · · · · · · · · · · · · · · · · ·
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	gistration Serision of Cor			
CUD IPCT.		Complete Auto Care LLC		
SUBJECT:	.0000	Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Nicholas Taldone		
			Name of Person	
		Law Offices of Nicholas T	aldone	
			Firm/Company	
		9020 Rancho del Rio Drive	e Suite 101	
			Address	
		New Port Richey Florida 3	34655	
			City/State and Zip Code	
		taldonelaw@msn.com		
		E-mail address: (to be used for future annual report notifi	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
Nicholas Ta	ıldone		727 3750390 at ()	
	Name of	Person		Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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 ADDRESS:

TO:

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

Mad Hatter Complete Auto Care I	.LC		19
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)	and assigned
The Articles of Organization for this Limited I	Liability Company were filed on	10/31/17	and assigned
Florida document number 1.17000225213	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company	here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		_
3. If amending the registered agent and	l/or registered office address	on our records, enter	the name of the
egistered agent and/or the new registered of			
Name of New Registered Agent:	Nicholas Taldone		
New Registered Office Address:	9020 Rancho del Rio Drive Su	ite 101	
	Enter I	Florida street address	
	New Port Richey		155
	Cuy		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Remove
		•	Change
		.	Add
			□ Remove
			□ Change
			Add
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			□ Change

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	<u> </u>
an effect ote: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of the day after the record is filed.
The 9	
	October 21 2019
The 9	DX 11
	October 21 2019 Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00