## L17000228993

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## **COVER LETTER**

	atomotive, Tire and Quick Lube	, LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Jameel Akel		
		Name of Person	
	Famous Automotive & Tir	e Center #4, LLC	
		Firm/Company	
	2466 Sedgwick Place		
		Address	···
	Jacksonville, Florida 3221	7	
	famoustire4@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	ılt:	
Jameel Akel		904 465-0043 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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 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 FILED

Famous Automotive, Tire and Quick Lube, LLC

(Name of the Limited Liability Company as it now appear (1) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	11/06/201	ATANY IN STATE
	ompany were filed on The The	MASSEE, I Come and assigned
Florida document number L7000228993	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Famous Automotive & Tire Center #4, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		records, enter the name of the new
registered agent and/or the new registered office ago.	- CON ITEL -	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	City	, Florida Zip Code
You Degistared Agent's Signature if changing Degistares	•	rsp Cone

## 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

MGR = Manager AMBR = Authorized Member				
Title	<u>Name</u>	Address	Type of Action	
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(If an effective date is listed, the Note: If the date inserted	than the date of filing:  the date must be specific and cannot be in this block does not meet the ap on the Department of State's received.	prior to date of filing or more than oplicable statutory filing requi	(optional) 90 days after filing.) Pursuant to 605.020 rements, this date will not be listed as
the record specifies a The 90th day after		not an effective time, a	at 12:01 a.m. on the earlier o
Dated March 13	. 2019		
	Town 10	0.0	

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Typed or printed name of signee

Filing Fee: \$25.00