

L18000069809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

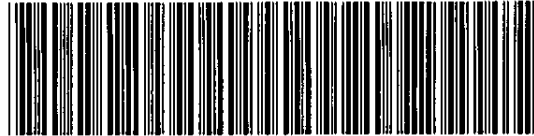
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/26/18--01008--011 **25.00

RECEIVED
18 APR 26 PM 12:12
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR 30 AM 9:25



**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

April 27, 2018

CAPITAL CONNECTION, INC.

**SUBJECT: PCB AUTO REPAIRS, LLC
Ref. Number: L18000069809**

We have received your document for PCB AUTO REPAIRS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

**Octavia L Simmons
Regulatory Specialist III**

Letter Number: 818A00008692

**RECEIVED
DIVISION OF STATE
18 APR 30 AM 11:41**

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PCB AUTO REPAIR, LLC

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PCB AUTO REPAIR, 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 Company were filed on 03/19/2018 and assigned
Florida document number L18000069809.

This amendment is submitted to amend the following:

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

G E O AUTO SERVICES, 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)

404 OLD SCHOOLHOUSE RD E

DAVENPORT, FL 33837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 770061

ORLANDO, FL 33837

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:

BENJAMIN W. LEWIS

New Registered Office Address:

410 OLDSCHOOL HOUSE RD E

Enter Florida street address

DAVENPORT

City

, Florida 33837

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.)

Benjamin W. Lewis
If Changing Registered Agent, Signature of New Registered 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>	<u>Address</u>	<u>Type of Action</u>
AMGR	ELVIA GLEN	14914 HONEYCRISP LANE	<input type="checkbox"/> Add
		ORLANDO, FL 32827	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	BENJAMIN W. LEWIS	410 OLDSCHOOL HOUSE RD E	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 APR 2011
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 ORLANDO
 25

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: APRIL 26, 2018 (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 APRIL 26 / 2018

RIL 26 _____ 2018
 By W. Lewis
 Signature of a member or authorized representative of a member

PRESIDENT

Typed or printed name of signer