U8000 114371

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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JUN 05 2018

COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	Fathers ar	nd Sons Auto Repair LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
			Jacob J Horovsky	
			Name of Person	
		Fathe	ers and Sons Auto Repair LLC	
		 	Firm/Company	
			47 Covington Lane	
			Address	report notification) 31-8415 Daytime Telephone Number \$\text{Certificate of Status & }}
		F	Palm Coast, Florida 32137	
		-	City/State and Zip Code	-
		E muit address (jhorovsky@jtech.org to be used for future annual report notifi	(Control V
			·	cation)
For furth	ier information c	concerning this matter, please co	all:	
Jacob J Horovsky		cob J Horovsky	386 931-8415	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	I is a check for the	he following amount:		
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

Fathers and Sons Auto Rep	pair LLC	
(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liabilit	t now appears on our records.)	
(A Fronda Guinea Guadate	y Company)	
The Articles of Organization for this Limited Liability Company were	filed on05/07/2018	and assigned
Florida document numberL18000114371		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	٠
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>ب</u>
(Principal office address MUST BE A STREET ADDRESS)		
Tracipal office duares, arost may restrict the many		- F
-		1
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 on our records, ento	er the name of the no
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Pri.d.,	
	, Florida _	Zin 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, 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
AMBR	Elizabeth A Horovsky	47 Covington Lane	Add
	·	Palm Coast, Florida 32137	₽ Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
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(If an effective d Note: If the o	e, if other than the date of filing:	not be prior to date of filing the applicable statutory	g or more than 90 days after the filing requirements, this	r filing.) Pursuant to	o 605.0207 : listed as
the record s The 90th	pecifies a delayed effective date day after the record is filed.	≥, but not an effect	tive time, at 12:01	a.m. on the e	arlier of
Dated	May 31 2	2018			
	Signature of a men	Ry	ntative of a member		_
		hber of authorized represer	ntative of a member		

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Filing Fee: \$25.00