## 118000251408

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone #	<del>f)</del>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	<del>:</del> )
(Do	cument Number)	
Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

то:	Registration Sec Division of Corp						
SUBJEC		AUTO REPAIRS & TIRES L	LC				
SUDJES		Name of Limi	ited Liability Company				
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspor	idence concerning this matter	to the following:				
		RICHARD A BOLEK					
			Name of Person				
		TAX, ACCOUNTING & F	RESEARCH INC			53	
		5237 LAS FLORES VIA	Firm/Company		27 mm	2010 DEC 14	
		NEW PORT RICHEY. FL	Address 34655		ie. Flurè	A 2:	
		RBOLEK@AOL.COM	City/State and Zip Co			0 #	
e e d			to be used for future ann	ual report notifica	tion)		
		oncerning this matter, please ca		100 (010			
RICHA	RD A BOLEK  Name of	Person	at () Area Code	Daytime To	elephone Number		
Enclosed	I is a check for th	e following amount:					
□ \$25.	00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy is	<i>f</i>	☐ \$60,00 Filin Certificate Certified C (additional co	of Statu opy	
		NG ADDRESS:		EET/COURIER	ADDRESS:		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records.)
Liability Company as it now appears on our records.) Florida Limited Liability Company)
oility Company were filed on OCTOBER 25, 2018 and assigned
ring:
he limited liability company here:
ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ole:
ADDRESS)
6.1.2
<u>0x)</u>
·
registered office address on our records, enter the name of the eaddress here:
Enter Florida street address
, Florida

## 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
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			Change
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fective date, if other than the date of filing:			(opti	onal)	
in effective date is listed, the date must be specific and cannot be pote; If the date inserted in this block does not meet the ap	prior to date	of filing or more that stutory filing read	ın 90 days after	tiling.) Pur	suant to 605.02 not be listed :
cument's effective date on the Department of State's reco					
		<i>cc</i>			
record specifies a delayed effective date, but The 90th day after the record is filed.	t not an e	rrective time,	at 12:01 a	a.m. on	the earlier
nted DECEMBER 5 2018	<del></del> -				
7 1112					
Signature of a member or a	authorized re	epresentative of a n	nember		

Page 3 of 3

Filing Fee: \$25.00