118000 216345

(Requestor's N	lame)
(Address)	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP WA	AIT MAIL
(Business Ent	ity Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Office	er:

Office Use Only



900338253259

01/02/20--01017--012 **60.00



JAN 3 0 2020 S. YOUNG

COVER LETTER

	epair LLC	,	
CI:	Name of Lin	nited Liability Company	
losed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
eturn all correspo	ondence concerning this matter	to the following:	
	Ebher L Perez		
		Name of Person	
	Wilson's Repair	R LLC	
	·	Firm/Company	
	3583 St Augustine Rd.		
		Address	
	Jacksonville, Florida, 3220	97	
	11/11	City/State and Zip Code	
			instian)
ner information c		·	(Canon)
Perez		904 374-9750	
Name o	f Person	Area Code Daytime	Telephone Number
I is a check for th	oc following amount:		
.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)
	Division of Con Wilsons Ro CT: losed Articles of eturn all correspondent information of Con Perez Name of Con Name of Con Vision of Con Wilsons Ro CT:	Name of Lin losed Articles of Amendment and fee(s) are sulternall correspondence concerning this matter Ebher L Perez Ebher L Perez 3583 St Augustine Rd. Jacksonville, Florida, 3226 WilsonsRepair904@gmail. E-mail address: (mer information concerning this matter, please of Perez Name of Person I is a check for the following amount: 00 Filing Fee \$30.00 Filing Fee &	Division of Corporations Wilsons Repair LLC Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Ebher L Perez Name of Person Wilson's Repair LLC Firm/Company 3583 St Augustine Rd. Address Jacksonville. Florida. 32207 City/State and Zip Code WilsonsRepair904@gmail.com E-mail address: (to be used for future annual report notifiner information concerning this matter, please call: Perez Perez Name of Person Area Code Daytime I is a check for the following amount: 00 Filing Fee S55.00 Filing Fee & Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wilsons Repair LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A PIOTE	ia Limited Clability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 11/28/2018	nndersigned
Florida document number <u>L18000276345</u>		250 6
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		FloridaZip Code
	City	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, 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>	Type of Action
MGR	Christopher G. Wilsons	7831 Lenox Ave 32221	□∧dd
			■ Remove
		 	☐ Change
			□Add
			□Remove
			Change
			Remove
			□ Change
			□ Add
			Remove
			☐ Change
			□Remove
			Change
			□Add
			□Remove
			Changa

Page 2 of 3

_	
_	
_	
_	
-	
_	
_	
<u>ote:</u> II	the date, if other than the date of filing: 12/18/2019 (optional) taive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
nted _	December 18 2019
	Signature of a member or authorized representative of a member