L190000386660

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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Kinsey

COVER LETTER

TO:	Registration Sec Division of Corp			
ou n I		E AUTOMOTIVE REPAIR L	LC	
SUBJ	ECT:	Name of Lim	ited Liability Company	- 1 - 11
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		PHILIP CHASE FASO		
		ACCURATE AUTOMOT	Name of Person IVE REPAIR LLC	
		24262 LONESOME RD	Firm/Company	·
		BROOKSVILLE FL 3460	Address	
		PCF982@GMAIL.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	ification)
For fu	rther information co	oncerning this matter, please ca	all:	
PHIL	IP CHASE FASO		352 464-1819 at ()	
	Name of	Person	Area Code Daytim	ne Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	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

ANTICLES OF ARTERDARDIA

TO ARTICLES OF ORGANIZATION OF

ACCURATE AUTOMOTIVE REPAIR LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 02/07/2019	and assigned
florida document number L19000038660		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
nla		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	na	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	nla	2019 AUG SC D.L. AH
 If amending the registered agent and/or registere egistered agent and/or the new registered office address 		enter the name of 200 n
	n/a	6 1 tf
Name of New Registered Agent:		•
New Registered Office Address:	Enter Florida street address	·
	Dlat.	da
	, Florid	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
	JODY R FASO	24262 LONESOME RD	
AMBR			
		BROOKSVILLE FL 34601	
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			□ Change
		1-10-1-10-1-10-1	
			Remove
			Change
	·		
			□ Remove
			Change
			Add
			— » - · · ·
			Remove
			☐ Change

	
Effec	tive date, if other than the date of filing: (optional)
	Fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
) The	e 90th day after the record is filed.
Dated	August 8 th, 2019
Daice	Tagasi S., avi/

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Filing Fee: \$25.00