

219000 139 775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

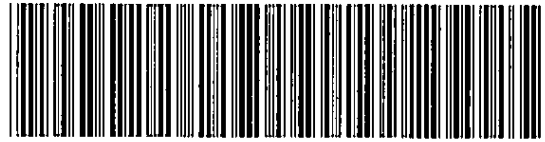
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/12/13--01019--022 **25.00

2019 JUN 12 PM 3:21

PM 3:21

C. GOLDEN

JUN 25 2019

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: AUTO SPECIALIST OF BRANDON, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Javenson Dor
Name of Person

Auto Specialist of Brandon, LLC
Firm/Company

105 us Highway 301 South STE 103
Address

Tampa, FL 33619
City/State and Zip Code

Javensondor@gmail.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Javenson dor at (813) 735-6700
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

FILED

2019 JUN 12 PM 3:21

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AUTO SPECIALIST OF BRANDON, 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 05/24/2019 and assigned Florida document number L19000139775.

This amendment is submitted to amend the following:

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

AUTO SPECIALIST MOBILE SERVICES, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

10032 Carloway hills dr.
Wimauma, FL 33598

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10032 Carloway hills dr.
Wimauma, FL 33598

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:

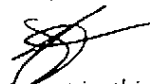
Name of New Registered Agent: _____

New Registered Office Address: _____

10032 Carloway hills dr.
Enter Florida street address

Wimauma, Florida 33598
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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add

