

L200017212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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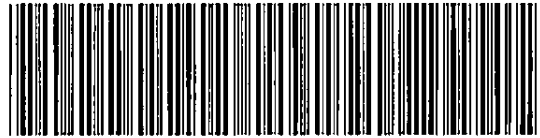
(Business Entity Name)

(Document Number)

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R. HUNT

03/31/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JONES AUTO SERVICE, 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:

Jorge L. Rivera Diaz

Name of Person

JONES AUTO SERVICE, LLC

Firm/Company

1885 W. EXECUTIVE RDSUITE 1875

Address

WINTER HAVEN, FL 33884

City/State and Zip Code

jonesautoservice20@gmail.com

E-mail address: (to be used for future annual report notification)

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
JUL 11 2012  
PM 1:12

For further information concerning this matter, please call:

Johana Sanchez Rodriguez

407 401-4533  
at ( )

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  
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**

JONES AUTO SERVICE, 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 06/26/2020 and assigned  
Florida document number L20000179012.

This amendment is submitted to amend the following:

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

JONES AUTO SERVICE & TIRE SHOP, 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)**

1125 HWY 17 92 S

DAVENPORT, FL 33837

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

132 SOLIS DR

WINTER HAVEN FL 33880

**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:

1125 HWY 17 92 S

*Enter Florida street address*

DAVENPORT

*City*

Florida 33837

*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>	<u>Type of Action</u>
MGR	JORGE L, RIVERA DIAZ	1125 HWY 17 92 S DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Add
		1885 W. EXECUTIVE RD STE 1875	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Johana Sanchez Rodriguez	1125 HWY 17 92 S DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Add
		1885 W. EXECUTIVE RD STE 1875	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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LAW OFFICE  
LAW OFFICE, FL

2023-10-31 PM 1:12  
HALL COUNTY, FL  
HALL COUNTY, FL

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee