# h22000 183331

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### **COVER LETTER**

Registration Section Division of Corporations

ro:

SUBJECT:	SKIP AUT	O MOBILE REPAIR				
	Name of Lim	ited Liability Company	<del>.</del>			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
	ondence concerning this matter					
		SWAYNE KIMINGAN				
	SWAYNE K DUNCAN  Name of Person					
		Firm/Company				
	722 CARIBOU DRIVE					
	v	Address ISSIMMEE, FLORIDA 34759				
		City/State and Zip Code		. 2		
		EDUNCAN901@GMAIL.COM		922 Ji		
2 Combon in Communication of	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	dification)			
ERLYN M DEPENA	oncerning this matter, prease c	407 346-7328				
	of Person	at ( )	me Telephone Number	2022 JULI 16 17 10: 02		
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &		
Mailing Address: Registration Section Division of Corporations		Street Address: Registration S Division of Co				
P.O. Box 632 Tallahassee,	27	The Centre of	Tallahassee oe Street, Suite 8	10		

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SKIP AUTO MOBILE REPAIR (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) APRIL 18, 2022 The Articles of Organization for this Limited Liability Company were filed on \_ L22000183331 Florida document number 🥏 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SKIP AUTO MOBILE REPAIR, 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida \_

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>	Address	Type of Action
MGR	SIMONE MINOTT	722 CARIBOU DRIVE	■Add
		KISSIMMEE, FLORIDA 34759	□Remove
			Change
			□ Add
		<del></del>	□Remove
			□ Change
	<del></del>		□Add
			□Remove
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			□Add
			Remove
		<del></del>	Change
			□Add
			Remove
			□Change
			□Remove
			□Change

AMENDING ARTICLE OF INCORPOR	ATION TO ADD 'MGR" /	AS THE MANAGER OF	THE BUSINESS.
		<u>.</u>	<del></del>
			<u> </u>
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ective date, if other than the date of filir	ng:	(op	tional)
effective date is listed, the date must be specific ar e: If the date inserted in this block does not ument's effective date on the Department of	nd cannot be prior to date of fil- meet the applicable statute	ing or more than 90 days af	ter filing.) Pursuant to 605,020
cord specifies a delayed effective date, but no filed.	ot an effective time, at 12:0	1 a.m. on the earlier of:	(b) The 90th day after the
ed. 06.11.2022			

Typed or printed name of signee