## L22000 499228

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( 12/5/2022

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Phillips Auto Rapair ILC
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:
Kevin Phillips Name of Person
Phillips Auto Repair LLC
3824 NE 21 Way Gasp Address
Gainesville Fl 32609 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Revision Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section
Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

,	Or		
The Mice Alb Rose	- // /	2022 DEC -5 AM 9: 28	
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	SECRETARY OF STATE  TALLAHASSEE, FL	
The Articles of Organization for this Limited Liability Compa	any were filed on	22 and assigned	
Florida document number <u>L 22 000 499 22 8</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter ti</u>	ne name of the new registered	
Name of New Registered Agent:	~		
New Registered Office Address:			
.tex itsg.texts 5 that its	Enter Florida street address		
	, Flor	rida Zip Code	
New Registered Agent's Signature, if changing Registered Age	City	гір Сәле	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacity. I furt lete performance of my duties, and as provided for in Chapter 605, F	t Lam familiar with and S.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MbR	Koun Phillips	2413 NW 47 Lane	12 Add
	·		□Remove
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	(optional)  ective date is fisted, 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 the ent's effective date on the Department of State's records.
he recor ord is fi	d 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 led.
Dated	d 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 led.    13   5   33
	Signature of a member or authorized representative of a member
	Keyin Phillips Typed or printed name of signee

Filing Fee: \$25.00