# Po20000 29033

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
. PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

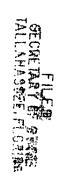
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AMEND

#### **COVER LETTER**

TO: Amendment Section Division of Corporations	٩	,
NAME OF CORPORATION: John	Bryan's Auto	Inc.
DOCUMENT NUMBER: POZOOO	79033	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
- John Name	Brypu of Contact Person	
John B	rm/Company	Fac
2900 Bozo	Leu St.	
	a F1. 32448 State and Zip Code	,
E-mail address: (to be used for	Auta & Valfoo . future annual report notification)	Corc
For further information concerning this matter, plea	ase call:	
John Bryan Name of Contact Person	at ( <u>\$50</u> ) <u>209</u> & Area Code & Daytime Tele	387 phone Number
Enclosed is a check for the following amount made	payable to the Florida Depart	ment of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	2



October 29, 2009

JOHN BRYAN JOHN BRYAN AUTOMOTIVE INC. 2900 BORDEN STREET MARIANNA, FL 32446

SUBJECT: JOHN BRYAN AUTOMOTIVE, INC.

Ref. Number: P02000029033

We have received your document for JOHN BRYAN AUTOMOTIVE, INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ABOVE ENTITY IS A FLORIDA DOMESTIC CORPORATION AND THE FORM SUBMITTED IS FOR A LIMITED LIABILITY CORPORATION.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

We are enclosing the proper form(s) with instructions for your convenience.

Please provide us with an email address for this business entity. The Division of Corporations sends important reminders and notices to those business entities that have provided our office with an email address. Make sure your entity receives these helpful communications by providing our office with an active email address.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Letter Number: 109A00034260

Karen Gibson
Document Specialist Supervisor

Division of Corporations - P.O. ROY 6397 Tollahassos, Florida 29314

#### Articles of Amendment

to

### Articles of Incorporation of

BOTH BR	YAN AUTOMOT	WE IN	
(Name of Corporation as curre	ently filed with the Florid	a Dept. of State)	
PO 20000 Z	9033		
(Document Nun	nber of Corporation (if known	wn)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Fl</i>	orida Profit Corporation add	opts the following
A. If amending name, enter the new name of	f the corporation:		
			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc	c," or "Co". A professional	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>			
	<del></del>		- 09
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			ECRETAT ALLI AHASS 09 OCT 22
D. If amending the registered agent and/or new registered agent and/or the new regi		n Florida, enter the name of	3: 59
Name of New Registered Agent:			·
New Registered Office Address:	(Florida street d	address)	
		, Florida	<del></del>
	(City)	(Zip Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a		and accept the obligations of the	he position.
	Signature of New Registere	d Agent, if changing	

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
None	Kelly Brywn	4470 Piltches Nde Maricuma #1 32449	☐ Add ☐ Remove
· 			
<del></del>			☐ Add ☐ Remove
	ling or adding additional Articles, ento Iditional sheets, if necessary). (Be spe		
provisio	nendment provides for an exchange, reports for implementing the amendment of applicable, indicate N/A)		
			×

The date of each amendment(s	
TION IN THE REAL PROPERTY.	(date of adoption is required)
Effective date if applicable:	(no more than 90 days dfier amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
the amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by John	voling group."
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated <u> </u>	2/9
Signature	10h
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	John Bryan (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)