

L100000028496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 11 2013

T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Amending name and adding New Officer**  
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:

**Dieudonne Leonce**

Name of Person

**L&JS USED A/S & REPAIRS LLC**

Firm/Company

**212 N. JOHNN YOUNG PKWY**

Address

**ORLANDO, FL 32805**

City/State and Zip Code

**leoncedieudonne@yahoo.com**

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

For further information concerning this matter, please call:

**Dieudonne Leonce**

Name of Person

**321 5940379**

at ( )  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2014

DIEUDONNE LEONCE  
212 N JOHN YOUNG PKWY  
ORLANDO, FL 32805

SUBJECT: L & JS USED A/S & REPAIRS LLC  
Ref. Number: L10000028496

We have received your document for L & JS USED A/S & REPAIRS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You can only list 1 person as your registered agent. Please remove either Jean Petit or Louvens Michel; also remove the signature of that person also.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 114A00004085



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2014

DIEUDONNE LEONCE  
212 N JOHN YOUNG PKWY  
ORLANDO, FL 32805

SUBJECT: L & JS USED A/S & REPAIRS LLC  
Ref. Number: L10000028496

We have received your document for L & JS USED A/S & REPAIRS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

You can only list 1 person as your registered agent. Please remove either Jean Petit or Louvens Michel; also remove the signature of that person also.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 714A00002604

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**L&JS USED A/S & REPAIRS 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 \_\_\_\_\_ and assigned  
Florida document number L10000028496.

This amendment is submitted to amend the following:

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

**3X USED A/S & REPAIRS LLC**

The new name must be distinguishable and end with 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: Louvens Michel

New Registered Office Address: 212 N. John Young Pkwy

Enter Florida street address

Orlando, Florida 32805

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 Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
secretary	Louvens Michel	5145 Picadilly CIR, ORL, FL,32839	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MANAGER	JEAN Petit	7620 Warden Dr. N. orl, fl32818	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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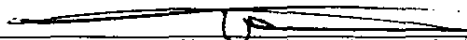
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **03/05/2014**



Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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