

L15000 146401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

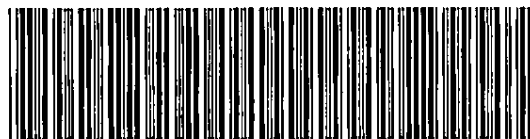
(Business Entity Name)

(Document Number)

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FILED  
2019 OCT 15 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y. SULKER

OCT 22 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2019

J R MECANICO LLC  
5585 SHIRLEY STREET UNIT 1  
NAPLES, FL 34109

SUBJECT: J R MECANICO LLC  
Ref. Number: L15000146401

We have received your document for J R MECANICO LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 119A00019691

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JR MECANICO LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIO GONZALEZ  
Name of Person

JR MECANICO LLC  
Firm/Company

5585 SHIRLEY STREET UNIT A  
Address

NAPLES, FLORIDA, 34109  
City/State and Zip Code

JRMECANICO79@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIO GONZALEZ at ( 786 ) 367 3855  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

JR MECANICO 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 08/26/2015 and assigned Florida document number L15000146401.

This amendment is submitted to amend the following:

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

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)

5585 SHIRLEY STREET UNIT A  
NAPLES, FLORIDA  
34109

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5585 SHIRLEY STREET UNIT A  
NAPLES, FLORIDA  
34109

**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

Florida

City

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

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SECRETARY OF STATE  
TALLAHASSEE, 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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ESTHER ARAMBEL</u>	<u>5585 SHIRLEY STREET UNIT A</u>	<input checked="" type="checkbox"/> Add
		<u>NAPLES, FLORIDA</u>	<input type="checkbox"/> Remove
		<u>34109</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 04 . 2019

Signature of a member or authorized representative of a member

MARIO GONZALEZ  
Typed or printed name of signee