

L16000124779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

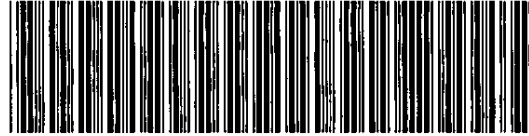
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
OF FLORIDA

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S Warren
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRANKIE AND SONS A/C & AUTO REPAIR LLC

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 ESTEBAN CANCEL SANTIAGO

Name of Person

FRANKIE AND SONS A/C & AUTO REPAIR LLC

Firm/Company

5627 VERNA BLVD. UNIT 6

Address

JACKSONVILLE, FL 32205

City/State and Zip Code

cancelkev@aol.com

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

For further information concerning this matter, please call:

KEVIN ESTEBAN CANCEL SANTIAGO

904 993-4815

at ()

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**

FRANKIE'S AND SON'S AUTO REPAIR 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 6/29/2016

Florida document number L16000124779

This amendment is submitted to amend the following:

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

FRANKIE AND SONS A/C & AUTO 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)

5627 VERNA BLVD

UNIT 6

JACKSONVILLE FL 32205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5627 VERNA BLVD

UNIT 6

JACKSONVILLE FL 32205

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:

WILFREDO VARGAS

New Registered Office Address:

6135 POWERS AVENUE

Enter Florida street address

JACKSONVILLE

City

Florida 32217-2213

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.


Wilfredo Vargas
If Changing Registered Agent, Signature of New Registered Agent

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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>
MGR	FRANCISCO CORTES	4156 ORIELY DR	<input type="checkbox"/> Add
		JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PROVIDENCIA AQUINO RODR	4156 ORIELY DR	<input type="checkbox"/> Add
		JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEVIN ESTEBAN CANCEL	5627 VERNA BLVD. UNIT 6	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL 32205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA
 2/12/09 11:11 AM

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated JULY 7TH, 2016

Francisco Cortes

Signature of a member or authorized representative of a member

FRANCISCO CORTES

Typed or printed name of signee

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2016 JUL 11 A 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA