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(Requ	uestor's Name)	
(Addr	ess)	· · · · · ·
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(City/	State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
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(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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SECRETARY OF STATE STORE TARY OF STATE STA

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COVER LETTER

	egistration Sec ivision of Corp			•	
SUBJECT		: TINUM AUTO SERVICES I	J.C		
SUBJECT	•	Name of Lim	ited Liability Company	7. <u> </u>	
		Amendment and fee(s) are sub	_		
Please retu	rn all correspo	ndence concerning this matter ANGEL I PEREZ	to the following:		
			Name of Person		
		ELITE PLATINUM AUT			
		3421 W GREEN ST	Firm/Company		
		TAMPA, FL 33607	Address		DIVISION 19
		ELITEPLATINUMAUTO(City/State and Zip Code @GMAIL.COM		SET ARY OF CO
For further	information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notif	ication)	CEPORA CEPORA
ROBERTO	O MENDOZA	SOLER	813 405-9607 at ()		ATE ATTORS
	Name of	Person	Area Code Daytime	: Telephone Number	_
Enclosed is	s a check for th	e 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 F Certificate of Certified Copy (additional copy i	Status & y

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

ELITE PLATINUM AUTO SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ompany were filed on 04/14/2019	and assigned
<u> </u>	.0
ted liability company here:	
ited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
(ESS)	
• • • • • • • • • • • • • • • • • • • •	
	ords, enter the name of the new
Kass Here.	
Enter Florida street ac	ldress
	, Florida
City	Zip Code
	ted liability company here: ited Liability Company," the designation " ESS) tered office address on our recess here: Enter Florida street ac

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 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>	Address	Type of Action
MGR	DIANE M LOPEZ	10019 N 14TH ST TAMPA, FL 33612	□ Add
			■ Remove
			Change
			Add
		-,_,	☐ Remove
			Change
	 		□ Add
			□ Remove
			□ Change
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		W. V. 100-100-100-100-100-100-100-100-100-100	
			
	. .		
			
			
4-4-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
. Effective date, if other than the	date of filing:	(optional)	
(If an effective date is listed, the date mu	st be specific and cannot be prior to clock does not meet the applicable	date of filing or more than 90 days after filing.) e statutory filing requirements, this date w	
the record specifies a delaye o) The 90th day after the rec		an effective time, at 12:01 a.m. o	n the earlier of:
Dated MAY 05	2019		
	20/ 100.		
	Signature of a member or authorize	estenresentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00