

L22 000 138471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

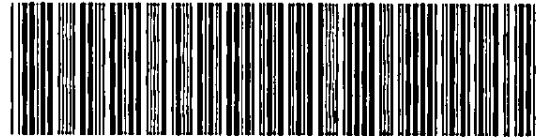
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/23/22--01008--028 **25.00

22 SEP 23 PM 3:03
DIVISION OF COURT CLERKS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORADO 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:

Sandy Pang Forgozo
Name of Person

FORADO Auto Repair LLC
Firm Company

3260 W 70th APT# 202
Address

Hiataeah FL. 33018
City/State and Zip Code

paintmax1llc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annailys Faraco at (786) (601) - 1204
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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OFFICE OF THE
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Forgozo 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 03.21.2022 and assigned Florida document number L22000138471.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF STATE
CORPORATION SERVICES

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:

Sandy Pang Forgozo

New Registered Office Address:

3260 W 78 Street Apt #202

Enter Florida street address

Hialeah

City

Florida

33018

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 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

22 SEP 23 PM 3:03
Change
Add
Remove
Change

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

At the time of creating the company we made the error of not naming the owner as the Authorized person Detail.

- Please add Sandy Pang Forgozo as the Authorized Person Detail

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DEPARTMENT OF STATE
DIVISION OF CORPORATION

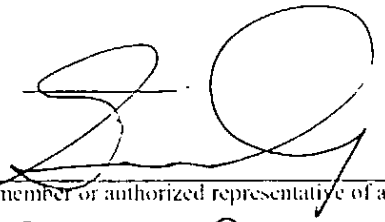
E. Effective date, if other than the date of filing: _____ (optional)

(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 08.24.2022



Signature of a member or authorized representative of a member

Sandy Pang Forgozo
Typed or printed name of signee