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EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Regency Vehicle 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:
Jasmin Figueraa (Name of Person)
(Name of Ferson)
(Firm/Company)
2899 Arbour Trail CT
(Address)
2899 Arbour Trail CT  (Address)  Deltona, Fl 32705
(City/State and Zip Code)
Contract from the contract of
For further information concerning this matter, please call:
Jasmin Figueroa at (HO) 668 - 962455 5 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  (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

(Name of the Limited Liability Company A Florida Limited Lia	as it now appears of our records.)  oility Company)
The Articles of Organization for this Limited Liability Company w Florida document number	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	I Liability Company," the designation "ELC" for the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	7 · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	103 N. Volusia Avenue Orange City , Fl 32763
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ee address on our records, enter the name of the new
Name of New Registered Agent: Jasn	in figueroa
New Registered Office Address:	(Enter Florida street address)
103 N. Volusia Ave Orang	ge City , Florida 32743 (Zip Code)

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 608, 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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Managing Memb	er			
<u>Title</u> . MGR	Name Tasmin	Figueroa	Address 2899 Arbour De Hona, F	TraileT	Type of Action
			Deltona, F	1-32725.	<b>f</b> Add ☐ Remove
					Add Remove
-				J SECTION	Add Remove
				HASSES.	Add
				FLORIDA	Add Remove
					Add Remove
D. If amen	ding any other it	nformation, enter cha	ange(s) here: (Attach additio	onal sheets, if necessary.	)
Dated		.,			
		( Jasn	nbenor authorized representative  On Figuroa  ped or printed name of signee	e of a member	
		$\bigvee$	Page 2 of 2		

Filing Fee: \$25.00