

LC80001C5924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

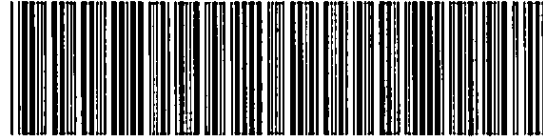
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FILED
2022 APR -5 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

APR 05 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Best Service 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:

Ramon R. Quezada

Name of Person

Best Service Auto Repair, LLC

Firm/Company

6000 W. Oakland Park Blvd.

Address

Sunrise, FL 33313

City/State and Zip Code

Bestserviceauto@gmail.com

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

For further information concerning this matter, please call:

Ramon L. Quezada

978

479-6540

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 Address:

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Best Service Auto Repair, 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:

Ramon E. Quezada

Name of Person

Firm Company

184 Jackson Street

Address

Lawrence, MA 01841

City, State and Zip Code

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

For further information concerning this matter, please call:

Ramon Quezada

978 479-6540

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 Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 APR -5 PM 3: 31

Best Service Auto Repair, LLC

~~(Name of the Limited Liability Company as it now appears on our records)~~ **SECRETARY OF STATE**
(A Florida Limited Liability Company) **TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on November 13, 2008 and assigned
Florida document number L08000105924.

This amendment is submitted to amend the following:

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

n/a

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: n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(Mailing address MAY BE A POST OFFICE BOX)

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:

Luckner Duran

New Registered Office Address:

5187 NW 87th Terr. Landerhill, FL 33351

Enter Florida street address

Landerhill

City

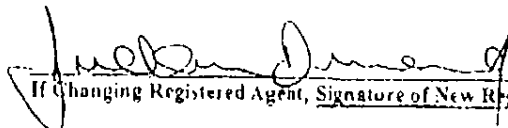
Florida

33351

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 603, 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>
MGR	Ramon E. Quezada	5199 NE 2nd Avenue, Miami, FL 33137	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ramon R. Vargas	11 Gloucester Street, Methuen, MA 01844	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eusebio Durand	5187 NW 87 Terrace, Lauderdale, FL 33351	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicole L. Delille	5187 NW 87 Terrace, Lauderdale, FL 33351	<input checked="" 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

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

N/A

E. Effective date, if other than the date of filing: 2/26/2022 (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

February, 26 2022Ramon L. Quezada, M.E.S.A.

Signature of a member or authorized representative of a member

Ramon L. Quezada

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2022

RAMON R. QUEZADA
6000 W. OAKLAND PARK BLVD.
SUNRISE, FL 33313

SUBJECT: BEST SERVICE AUTO REPAIR, LLC
Ref. Number: L08000105924

We have received your document for BEST SERVICE AUTO REPAIR, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 922A00005831



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2022

RAMON R. QUEZADA
6000 W. OAKLAND PARK BLVD.
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Anissa Butler
Regulatory Specialist II

Letter Number: 922A00005831

Anissa.Butler@dos.myflorida.com