

L10000104942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

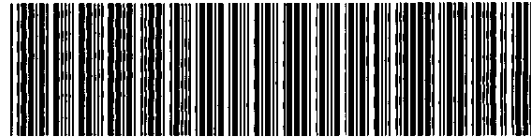
(Document Number)

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2010 DEC 15 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2010

CHARLES DELATORRE  
355 NORTH IVEY LANE SUITE 2  
ORLANDO, FL 32811

SUBJECT: ALPHA & OMEGA AUTO SERVICES LLC  
Ref. Number: L10000104942

We have received your document for ALPHA & OMEGA AUTO SERVICES 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a 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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 010A00028025

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALPHA & OMEGA AUTO SERVICES 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:

CHARLES DELATORRE

Name of Person

ALPHA & OMEGA AUTO SERVICES LLC

Firm/Company

355 NORTH IVEY LANE SUITE 2

Address

ORLANDO/FL 32811

City/State and Zip Code

CHARLES@ALPHAOMEGACARSERVICE.COM

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

For further information concerning this matter, please call:

CHARLES DELATORRE

Name of Person

at ( 407 )

288 6078

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

2010 DEC 15 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**ALPHA & OMEGA AUTO SERVICES 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 OCTOBER 7, 2010 and assigned  
Florida document number L10000104942.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

355 NORTH IVEY LANE SUITE 2 box 10  
ORLANDO, FL 32811

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

SAME AS ABOVE

**(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:

SAME AS BEFORE

New Registered Office Address:

SAME AS BEFORE

*Enter Florida street address*

Florida

*City*

*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 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 company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

REPORT RECEIVING MAIL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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201A

Signature of a member or authorized representative of a member

**CHARLES DELATORRE**  
Typed or printed name of signer

Page 2 of 2

FINANCIAL. \$45.00

ATTAL: AGNES