

L11000001391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

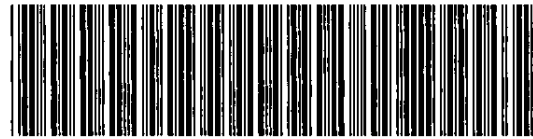
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EXAMINER



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12 NOV 13 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. JEFFREY STULL, P.A.

ATTORNEYS AND COUNSELORS AT LAW
602 SOUTH BOULEVARD
TAMPA, FLORIDA 33606

R. JEFFREY STULL

TELEPHONE (813) 251-3914
FACSIMILE (813) 251-0974

November 8, 2012

Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment
Lesteiro Automotive Repair, LLC

Gentlemen:

Enclosed please find Articles of Amendment to Articles of Organization of Lesteiro Automotive Repair, LLC along with our check in the amount of \$30.00. Please file and furnish this office with a Certificate of Status.

Please contact the undersigned should you have any questions.

Very truly yours,

R. Jeffrey Stull, P. A.



Paula Brodesser Caire
Legal Assistant to
R. Jeffrey Stull, P.A.

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LESTEIRO AUTOMOTIVE 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:

PAULA BRODESSER

Name of Person

R. JEFFREY STULL, P.A.

Firm/Company

602 South Boulevard

Address

Tampa, FL 33606

City/State and Zip Code

hiralbe@yahoo.com

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

For further information concerning this matter, please call:

PAULA BRODESSER

Name of Person

at (813)

251-3914

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

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

LESTEIRO AUTOMOTIVE 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 January 4, 2011 and assigned
Florida document number L11000001391.

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:

(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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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

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

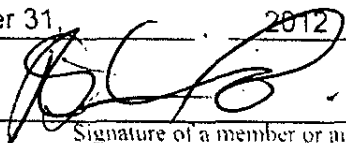
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	IRALBE H. LESTEIRO	4817 North Hale Avenue Tampa, FL 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated October 31, 2012



Signature of a member or authorized representative of a member

RICARDO LESTEIRO

Typed or printed name of signee