

U1000044103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

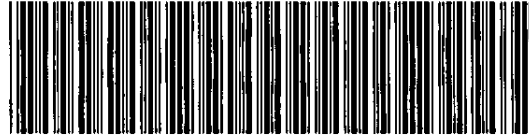
(Business Entity Name)

(Document Number)

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SEP 11 2015

S. YOUNG

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SEP 10 AM 11:13  
SEP 11 AM 01:13

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** UTUADO AUTO SALE 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:

FREDDY J GONZALEZ

\_\_\_\_\_  
Name of Person

UTUADO AUTO SALES LLC

\_\_\_\_\_  
Firm/Company

9769 SOUTH ORANGE BLOSSOM TRAIL #41

\_\_\_\_\_  
Address

ORLANDO FL 32837

\_\_\_\_\_  
City/State and Zip Code

WINDOWTINTING@LIVE.COM

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

For further information concerning this matter, please call:

FREDDY J GONZALEZ

407

8555199

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
SEP 10 7 11 PM '03

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

UTUADO AUTO SALES 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 08 /21/2015 and assigned  
Florida document number L11000044103

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)

P.O BOX 772197

ORLANDO FL 32877

**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 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>
MGR	AMILCAR J MARTINEZ	600 RIVER BIRCH CT APT 1237	<input checked="" type="checkbox"/> Add
		CLERMONT, FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS E LUGO	2645 WHALEBONE BAY DR	<input checked="" type="checkbox"/> Add
		KISSIMME FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

on the earlier


08/21/15

Signature of a member

Signature of a member or authorized representative of a member

Freddy J Gonzalez

Typed or printed name of signee



**Florida** *The Sunshine State*

DRIVER LICENSE CLASS E  
**M635-010-67-004-0**

AMILCAR JESUS  
 MARTINEZ OLMOS  
 600 RIVER BIRCH CT APT 1237  
 CLERMONT, FL 34711-5165  
 DOB: 01-04-1967 SEX: M  
 ISSUED: 12-01-2014 HGT: 5-10  
 EXPIRES: 10-20-2015  
 NEXT:  
 ENDORSE:  
 REPLACES: 12-01-2014

SAFE DRIVER

TEMPORARY

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



**Florida** *The Sunshine State*

DRIVER LICENSE CLASS E  
**L263-105-57-030-0**

CARLOS ENRIQUE  
 LUGO RODRIGUEZ  
 2645 WHALEBONE BAY DR  
 KISSIMMEE, FL 34741-7428  
 DOB: 01-30-1967 SEX: M  
 ISSUED: 03-19-2015 HGT: 5-09  
 EXPIRES: 03-30-2023  
 NEXT:  
 ENDORSE:

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



**Florida** *The Sunshine State*

DRIVER LICENSE CLASS E  
**G524-240-68-200-0**

FREDDY  
 GONZALEZ  
 1986 WINDCREST LANE  
 ORLANDO, FL 32805  
 DOB: 07-27-1963 SEX: M  
 ISSUED: 07-27-2015 HGT: 5-08  
 EXPIRES: 07-27-2020  
 NEXT:  
 ENDORSE:

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

FILED