

U1000082667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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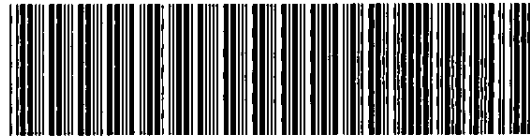
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 13 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPECIAL FOOD QUALITY 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:

CISTINA RIVERA

Name of Person

SAFETY BUSINESS LLC

Firm/Company

6220 S ORANGE BLOSSOM TRAIL STE 604

Address

ORLANDO FL, 32809

City/State and Zip Code

CRISTINA@SAFETYTAX.COM

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

For further information concerning this matter, please call:

CRISTINA RIVERA

Name of Person

at (407)

888-4747

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SPECIAL FOOD QUALITY 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 07/19/2011 and assigned
Florida document number L11000082667.

This amendment is submitted to amend the following:

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

EZ FIX AUTO REPAIR LLC

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:

6220 S ORANGE BLOSSOM TRAIL 604

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32809

Enter new mailing address, if applicable:

6220 S ORANGE BLOSSOM TRAIL 604

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO FL 32809

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:

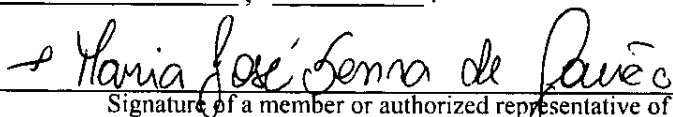
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA J. S. DE GOUVEA	13005 ENTRADA DR ORLANDO, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DMC OF AMERICA CORP	5648 INTERNATIONAL DR ORLANDO, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	EXPRESS FL DELIVERY C	5716 INTERNATIONAL DR STE A ORLANDO FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SPREAD FOOD SERVICE I	5425 VINELAND RD ORLANDO FL 32819	<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

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

Dated DECEMBER 01, 2011



Signature of a member or authorized representative of a member

MARIA JOSE SENRA DE GOUVEA

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA