

L11000-132922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

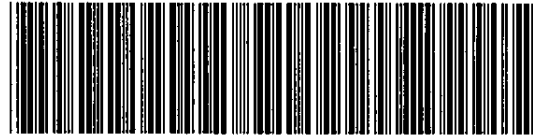
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/08/14--01009--002 **25.00

FILED

2014 MAY 13 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 14 2013
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Service Plus AutoMechanic 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:

Manfred Antoine
Name of Person

Firm/Company

1140 N. W. 132 st
Address

North Miami FL 33168
City/State and Zip Code

amancel74@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manfred Antoine at (954) 394-2740
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2014

MANFRED ANTOINE
1140 NW 132 ST
N MIAMI, FL 33168

SUBJECT: SERVICE PLUS AUTOMECHANIC REPAIR LLC
Ref. Number: L11000132922

We have received your document for SERVICE PLUS AUTOMECHANIC REPAIR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Unable to determine if the new name is AUTO STATION USA, SERVICE, AUTO REPAIR LLC OR AUTO STATION USA, SERVICE "+ OR &" AUTO REPAIR.

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 414A00007847



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2014

MANFRED ANTOINE
1140 NW 132 ST
N MIAMI, FL 33168

SUBJECT: SERVICE PLUS AUTOMECHANIC REPAIR LLC
Ref. Number: L11000132922

We have received your document for SERVICE PLUS AUTOMECHANIC REPAIR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 914A00008232

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2014 MAY 13 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Service Plus AutoMechanic 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 Nov 23, 2014 and assigned
Florida document number L11000132922.

This amendment is submitted to amend the following:

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

Auto Station USA, Service + 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:

(Principal office address MUST BE A STREET ADDRESS)

1140 NW 132 Street
North Miami, FL 33168

Enter new mailing address, if applicable:

(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:

Manfred Antoine

New Registered Office Address:

1140 NW 132 Street

Enter Florida street address

North Miami

City

Florida

FL 33168

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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President	Manfred Antoine	1140 NW 132 St NM, FL 33169	<input checked="" type="checkbox"/> Add
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☐ Remove

V/P	Charly Obas	431 SW 10 Ter Hallandale, FL 33009	<input checked="" type="checkbox"/> Add
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☐ Remove

SC	Joseph Valentin	13782 barberry Dr Wellington, FL 33414	<input checked="" type="checkbox"/> Add
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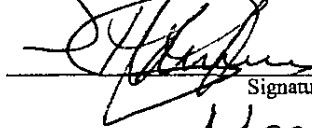
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11-23-2011 , _____



Signature of a member or authorized representative of a member

Manfred Antoine

Typed or printed name of signee

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2014 MAY 13 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA