

L120000041631

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 06 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ferapi Auto Solutions 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:

Jose De La Cruz

Name of Person

Firm/Company

5619 PGA Blvd Apt 1222

Address

Orlando, FL 32839

City/State and Zip Code

josedelacruz@hotmail.com  
josedelacruz@hotmail.com

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

For further information concerning this matter, please call:

Jose De La Cruz

Name of Person

at ( 407 )

953-1029

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

12 SEP -5 AM 10:29

APPROVED  
AND  
FILED

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

**FERAPI AUTO SOLUTIONS 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 March 26, 2012 and assigned  
Florida document number L12000041631.

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)

5619 PGA Blvd Apt 1222  
Orlando, FL 32839

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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:

Jose De La Cruz

New Registered Office Address:

5619 PGA Blvd. Apt 1222

*Enter Florida street address*

Orlando

Florida

32839

*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.*

Jose De La Cruz  
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>  |
|--------------|-----------------|---|--|
| MGMR         | Felix Pichardo  | 449 Car Ct<br>Kissimmee, FL 34759           | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGMR         | Jose De La Cruz | 5619 PGA Blvd Apt 1222<br>Orlando, FL 32839 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                 |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated August 28, 2012

12 SEP -5 AM 10:29  
 SECRETARY OF STATE  
 TALAHASSEE, FLORIDA  
 APPROVED  
 AND  
 FILED

X Jose de la cruz  
 Signature of a member or authorized representative of a member

Jose De La Cruz  
 Typed or printed name of signee