

L12000050122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

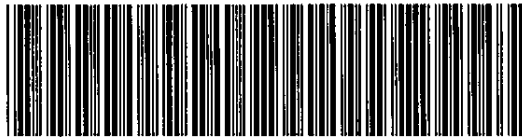
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700270671427

03/20/15--01025--018 **25.00

FILED
15 MAR 20 AM 11:06
TALLAHASSEE, FL
SECRETARY OF STATE

name change / amendment

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WMX AUTO 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:

WALDENIO C. DE FARIAS

Name of Person

WMX AUTO LLC

Firm/Company

1266 S MILITARY TRAIL # 574

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

waldenio.x@hotmail.com

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

FILED
15 MAR 20 4:11:06
TALLAHASSEE, FL

For further information concerning this matter, please call:

Waldenio De Farias

at (561) 7053065

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

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>
MGR	Romero Cavalcanti Filho	1266 S Military Trail # 574	<input type="checkbox"/> Add
		Deerfield Beach, FL 33442	<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.)*

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

03-09-15


Signature of a member or authorized representative of a member

WALDENIO C DE FARIAS

Typed or printed name of signee

FILED
15 MAR 20 2011:06
TALLAHASSEE
SECRETARY