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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

SUBJECT:	AUTOMATIC M	IULTICONCEPT		
	Name of Lin	nited Liability Company	······	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		Rafael Diaz Otero		
		Name of Person		
		Automatic Multiconcept		
Firm/Company				
		7004 Causeway Blvd		
		Address	· <u> </u>	
		Tampa FI 33619		
		City/State and Zip Code		
		nlibo2012@hotmail.com	<del></del>	
For further information		to be used for future annual report notifi	cation)	
To further information co	ncerning this matter, please ca	all;		
Rafael D	iaz Otero	813 9473006 at ( )		
Name of	Person		Telephone Number	
Enclosed is a check for the	following amount:			
■ \$25.00 Filing Fec	☐ \$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 Se		Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations .

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

npany as it now appears on our records.) ed Liability Company)  ny were tiled on 07/26/2012	and assigned
	and assigned
ability company here:	
ability Company," the designation "LLC" or	the abbreviation "L.L.C."
same as above	
same as above	
e address on our records, entar tha	name of the new regists
the the	
	<u>.</u>
	3
	<u></u>
Enter Florida street address	= =
	same as above e address on our records, enter the

## 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.

City

Zip Code

It ameraing 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>	Address	Type of Action
MGR	Sandra L Diaz	7004 Causeway Blvd Tampa Fl, 33619	□ Add
			=Remove
			□ Change
			□Add
·			□Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date mun Note: If the date inserted in this blocument's effective date on the D	st be specific and o lock does not me	annot be prior to	date of filing or mo le statutory filing	(option than 90 days after the requirements, this	nal) Tiling.) Pursuant to 605.02 date will not be listed
e record specifies a delayed effectived is filed.	re date, but not a	n effective time	e. at 12:01 a.m. oi	n the earlier of: (b)	The 90th day after th
Dated March 11	,	2021	•		
	<i>*</i>		_		
	171 1		4		
	Signature of a me	ember or authoria	daz ed representative o	f a mombar	