

L13000163419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

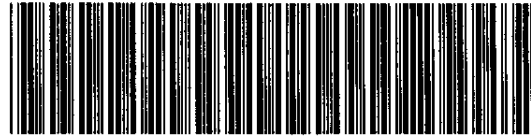
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JAN -2 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3 Bureau JAN 08 2014

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **DIVA AUTO 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:

**ADRIANA DE PAZOS**

\_\_\_\_\_  
Name of Person

**AVALON TAX & ACCOUNTING SERVICES, INC**

\_\_\_\_\_  
Firm/Company

**3564 AVALON PARK BLVD. E.- STE 1-254**

\_\_\_\_\_  
Address

**ORLANDO, FL 32828**

\_\_\_\_\_  
City/State and Zip Code

**ATASINC@AOL.COM**

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

For further information concerning this matter, please call:

**RAFAEL J. SANTANA**

\_\_\_\_\_  
Name of Person

**407 745-5510**

at (\_\_\_\_\_) \_\_\_\_\_

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

## DIVA AUTO REPAIR LLC

Page 1 of 3

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          | FRANCISCA M. SANTANA | 1545 OXALIS DR.   | <input checked="" type="checkbox"/> Add |
|              |                      | ORLANDO, FL 32807 | <input type="checkbox"/> Remove         |
|              |                      |                   | <input type="checkbox"/> Add            |
|              |                      |                   | <input type="checkbox"/> Remove         |
|              |                      |                   | <input type="checkbox"/> Add            |
|              |                      |                   | <input type="checkbox"/> Remove         |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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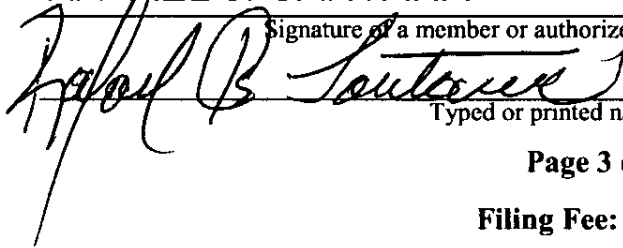
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated DECEMBER 26, 2013.

RAFAEL J. SANTANA



Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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