# 2/3000/7/153

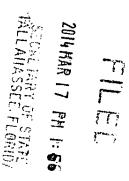
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

WEST XTM AUTO MAINTENANCE 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:

## YORNIEL CABRERA

Name of Person

## XTM AUTO MAINTENANCE LLC

Firm/Company

4211 SW 74 AVE

Address

MIAMI FL 33155

City/State and Zip Code

cabreraatyourservice@gmail.com

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

For further information concerning this matter, please call:

### YORNIEL CABRERA

,305,432-8411

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XTM AUTO MAINTENANCE LLC				
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our reco I Liability Company)	<u>rds.</u> )		
The Articles of Organization for this Limited Liability Compar	ny were filed on 12/11/2013		_ and as	ssigned
Florida document number L13000171153				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liz	ability company here:			
The new name must be distinguishable and end with the words "Lin	mited Liability Company," the design	nation "LL		abbreviatio
"L.L.C."		IALL ALL	2014	
Enter new principal offices address, if applicable:		<u> </u>	- X	
(Principal office address MUST BE A STREET ADDRESS)		ASS	<del>-</del>	- Character
			<b>T</b>	<del>-</del>
		FLORID	<u>来</u> 死	$\bigcirc$
Enter new mailing address, if applicable:		<u> 21</u>	<b>6</b> 01	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address here.		enter the	: name	of the ne
registered agent unador the new registered office address in				
Name of New Registered Agent:			<del></del> -	<del></del>
New Registered Office Address:				
<del></del> <del></del> <del></del> <del></del>	Enter Florida sti	reet addre.	SS	
	, Flo	rida		
	City	- <del></del>	Zip Cod	de

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.

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>	Name	Address	Type of Action
MGRM	YORNIEL CABRERA	8280 SUNRISE LAKES BLVD	Add
		SUNRISE FL 33322	Remove
			-
			Add
		E CO	Remove
		AHASSEE.	
		E ORICE	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	I just need to change from MGR to MGRM
•	
•	
1	0/12/2012
Dated	2/13/2013
	. 1
	Signature of a member or authorized representative of a member
	YORNIEL CABRERA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 MAR 17 PH M STATE