

**L14000028158**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

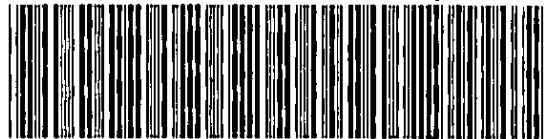
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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R. WHITE  
FEB 01 2019

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FEB 01 2019

2019 JAN 28 PM 4:19

**FILED**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NAME CHANGE, ADD VICE PRESIDENT

\_\_\_\_\_  
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:

EDNA L JIMENEZ

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

AUTO CONSUMER PROTECTION GROUP

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

6170 NW 173 ST APT 404

\_\_\_\_\_  
Address

MIAMI, FL 33015

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

ednabeltre1@gmail.com / jorgebeltre1@mail.com

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

For further information concerning this matter, please call:

EDNA L JIMENEZ

786

223-3844

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

\_\_\_\_\_  
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

FILED

AUTO CONSUMER PROTECTION GROUP LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

2019 JAN 28 PM 4:19

SECRETARY OF STATE  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

The Articles of Organization for this Limited Liability Company were filed on FEB 18 2018 and assigned  
Florida document number L14000028158

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FLORIDA AFFORDABLE CREDIT REPAIR LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6170 NW 173 ST SUITE 404

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33015

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending 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>	<u>Address</u>	<u>Type of Action</u>
PR	EDNA JIMENEZ	6170 NW 173 ST SUITE 404	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	JORGE LUIS BELTRE	4570 WINKLER AVE UNIT 101	<input checked="" type="checkbox"/> Add
		FORT MYERS FL 33966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

OWNERSHIP AS FOLLOWS

EDNA L JIMENEZ 50%

JORGE LUIS BELTRE 50%

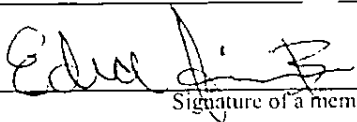
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JAN 21, 2019



Signature of a member or authorized representative of a member

EDNA L JIMENEZ

Typed or printed name of signee