

U4000066/62

(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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DEC 21 2016

S. YOUNG

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TALLAHASSEE, FLORIDA
16 DEC 19 PM 4:08

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: U.S. NISSI AUTO SALE 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:

YOLEXIS LA FE

Name of Person

U.S. NISSI AUTO SALE LLC

Firm/Company

4315 E HILLSBOROUGH AVE

Address

TAMPA FL 33610

City/State and Zip Code

y.lafc05@gmail.com

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

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For further information concerning this matter, please call:

YOLEXIS LA FE

813 513-3870
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

U.S. NISSI AUTO SALE LLC

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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>
VP	MICHAEL HERNANDEZ	8304 VALLEJO PL TAMPA FL 33	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	ROLANDO LOPEZ	1712 E 97TH AVE TAMPA FL 33	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 DEC 19 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC 19 PM 4 08

(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)

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.

[Handwritten signature]

Typed or printed name of signee