

14000077962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

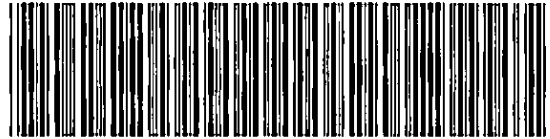
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

10/16/18--01032--001 \*\*25.00

2018 OCT 15 AM 10:13

SECRETARY OF STATE

Nov - 2

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2018

STEPHEN VILLARD  
THE TUNE UP DOCTOR ORLANDO LLC  
708 POWDER HORN CIRCLE  
LAKE MARY, FL 32746

SUBJECT: TUNE UP DOCTOR ORLANDO, L.L.C.  
Ref. Number: L14000077962

We have received your document for TUNE UP DOCTOR ORLANDO, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 518A00021687

2018 OCT 22 10:56  
1 - ACH 0102

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Tune Up Doctor Orlando 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:

Stephen Villard  
Name of Person

The Tune Up Doctor Orlando LLC  
Firm/Company

708 Powderhorn Circle  
Address

Lake Mary FL 32746  
City, State and Zip Code

stephen.villard@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Villard at ( 407 ) 431 4263  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

The Tune Up Doctor Orlando LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2018 NOV - 1 PM 2:02  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on May 14, 2014 and assigned  
Florida document number 414000077962

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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>
AMBR	Jorge Matute		<input type="checkbox"/> Add
		685 Oak Hollow Way	<input checked="" type="checkbox"/> Remove
		Altamonte Springs, FL 32714	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Stephen Villard - Percent of Ownership

66 2/3 %

Roxana Saap - Percent of Ownership

33 1/3 %

E. Effective date, if other than the date of filing: 10/5/2018 (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 10/5/2018, 2018

Stephen Villard, Registered Agent

Signature of a member or authorized representative of a member

Stephen Villard

Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FL

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