

L14000099588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

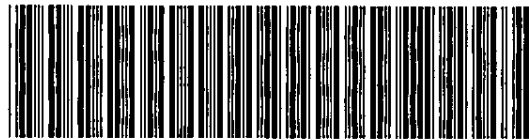
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000266228520

11/10/14--01050--026 \*\*55.00

FILED  
14 NOV 10 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch NOV 13 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE CAR DOCTOR AND PERFORMANCE 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:

ALEJANDRO GONZALEZ

Name of Person

THE CAR DOCTOR AND PERFORMANCE

Firm/Company

6644 26 COURT<sup>TH</sup> EAST B

Address

BRADENTON - FLORIDA - 34243

City/State and Zip Code

MAGINTERNATIONAL@HOTMAIL.COM

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

For further information concerning this matter, please call:

ALEJANDRO GONZALEZ

Name of Person

at ( 941 ) 228-1581

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

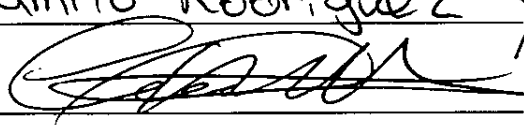
THE CAR DOCTOR AND PERFORMANCE LLC.,

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>
			<input type="checkbox"/> Add
		Camilo Rodriguez	<input checked="" type="checkbox"/> Remove
			
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Alejandro Gonzalez (MGR)

please change from  
President to MGR

E. Effective date, if other than the date of filing: \* 11-2-14 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \* 11-4-14

Alejandro Gonzalez

Signature of a member or authorized representative of a member

ALEJANDRO GONZALEZ

Typed or printed name of signee

FILED  
14 NOV 10 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA