

W14 000196062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

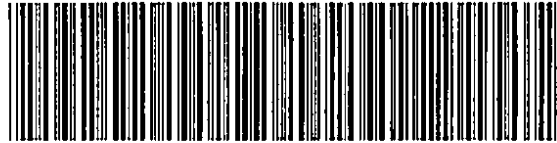
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200392036722

FILED

2022 NOV -7 PM 4: 57

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 NOV -7 PM 12:22

October 25, 2022

JEFFERY SHIMON

5205 MOSQUERO RD
SPRING HILL, FL 34606

SUBJECT: FLORIDA DRIVER TRAINING SERVICES, LLC
Ref. Number: L14000196062

We have received your document for FLORIDA DRIVER TRAINING SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following:

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call .

Carl Hall
OPS Clerk

Letter Number: 822A00023918

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Driver Training Services 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:

Jeffrey Shimon

Name of Person

Firm/Company

5205 Mosquero Rd

Address

Spring Hill FL 34606

City/State and Zip Code

~~jeffreysimon@gmail.com~~

setsfld@gmail.com

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

For further information concerning this matter, please call:

Jessica Shimon

352

279-6489

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 NOV -7 PM 4: 57
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Florida Driver Training Services LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/30/2014 and assigned
Florida document number L14000196062.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

5205 Mosquero Rd

Spring Hill FL 34606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5205 Mosquero Rd

Spring Hill FL 34606

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:

Jeffrey Shimon

New Registered Office Address:

5205 Mosquero Rd

Enter Florida street address

Spring Hill

City

Florida 34606

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>
MGR	Blesie, Judy	15136 Traverse Lane	<input type="checkbox"/> Add
		Brooksville FL 34604	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Blesie, Gregory	15136 Traverse Lane	<input type="checkbox"/> Add
		Brooksville FL 34604	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shimon, Jeffrey	5205 Mosquero Rd	<input checked="" type="checkbox"/> Add
		Spring Hill FL 34606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shimon, Pamela	5205 Mosquero Rd	<input checked="" type="checkbox"/> Add
		Spring Hill FL 34604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JANELLE SHIMON	5205 Mosquero Rd	<input checked="" type="checkbox"/> Add
		SPRING HILL, FL. 34606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESSICA SHIMON	5205 Mosquero Rd.	<input checked="" type="checkbox"/> Add
		SPRING HILL, FL. 34606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated August 1, 2022

Ally Simon
Signature of a member or a

Signature of a member or authorized representative of a member

Gregory Blesie

Typed or printed name of signee