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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KIKOS CARWASH AND WINDOW TINT 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:

LEAL CASTILLO, MAURO RICARDO

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

KIKOS CARWASH AND WINDOW TINT LLC

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

3791 STATE RD. 84 - APT 205

\_\_\_\_\_  
Address

FORT LAUDERDALE FL. 33312

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

MAURORICARDOLEAL@GMAIL.COM

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

For further information concerning this matter, please call:

LEAL CASTILLO, MAURO RICARDO

305 7660035  
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**

KIKOS CARWASH AND WINDOW TINT 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 03/03/2015 and assigned  
Florida document number L15000038903.

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)**

3791 STATE RD 84 UNIT # 205

FORT LAUDERDALE FL. 33312

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3791 STATE RD 84 UNIT # 205

FORT LAUDERDALE FL. 33312

**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:

LEAL CASTILLO, MAURO RICARDO

New Registered Office Address:

3791 STATE RD 84 UNIT # 205

Enter Florida street address

FORT LAUDERDALE

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>
MGRM	MAINO, CARLOS DAMIAN	2430 POLK ST. #2	<input type="checkbox"/> Add
		HOLLYWOOD FL. 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SANCHEZ, LAURA NOEMI	2430 POLK ST. # 2	<input type="checkbox"/> Add
		HOLLYWOOD FL. 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LEAL CASTILLO, MAURO R.	3791 STATE RD. 84 # 205	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL. 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**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.

Dated September 30<sup>th</sup>, 2015.

SANCHEZ, LAURA NOEMI - MAINO, CARLOS DAMIAN

**Filing Fee: \$25.00**