

L15000133483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

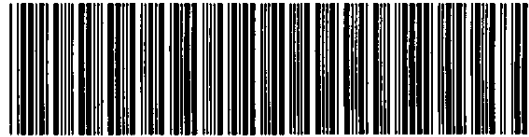
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17 MAR 10 AM 9:31

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

MAR 14 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLEET SERVICES OF FLORIDA 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:

CESAR BARCELO

Name of Person

FLEET SERVICES OF FLORIDA LLC.

Firm/Company

2340 S. STATE ROAD 7 BAY D3

Address

MIRAMAR FLORIDA 33023

City/State and Zip Code

CESAR @ FLEETSERVICESOFFLORIDA.COM

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

For further information concerning this matter, please call:

CESAR BARCELO

Name of Person

at (954) 505-3312

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2017

CESAR BARCELO ***3RD MAILING***
2340 S STATE ROAD 7 BAY D3
MIRAMAR, FL 33023

SUBJECT: FLEET SERVICES OF FLORIDA, LLC
Ref. Number: L15000133483

RECEIVED
2017 MAR 10 PM 12:12
TALLAHASSEE, FLORIDA

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

PAGE 1 IS MISSING.

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 (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00000654

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR 10 AM 9:31

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

FLEET SERVICE OK FLORENCE, 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 8/5/15 ~~1-5-2017~~ and assigned Florida document number L15000133483.

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 "LLC."

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>
MGR	DANIEL PHELPS	1500 N.W. 85 WAY	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CORPORATION

[illegible]

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 JANUARY 5, 2017,
Cesar Barcelo
 Signature of a member or authorized representative of a member
CESAR BARCELO
 Typed or printed name of signee

17 MAR 10 AM 9:31

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SECRETARY OF STATE
CITY OF CHICAGO