

L15000138953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2016 MAR -7 AM 10:47

STATE BAR OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR -9

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andrea Cabrera 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:

Andrea Cabrera
Name of Person

Firm/Company

900 NE 12 ave apt 106
Address

Hallandale, FL 33009
City/State and Zip Code

andreadelense@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Cabrera at (787) 404-9491
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TO
ARTICLES OF ORGANIZATION
OF

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

FILED
2016 MAR -7 AM 10:47
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/13/2015 and assigned
Florida document number L15000138953.

This amendment is submitted to amend the following:

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

Force Parts LLC

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)

221 W Hallandale Beach
First Floor
Hallandale FL 33009

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

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	Andrea Cabrera	900 NE 12 ave # 106	<input type="checkbox"/> Add
		Hallandale FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Onur Simsek	221 W Hallandale Beach	<input checked="" type="checkbox"/> Add
		First Floor, Hallandale FL	<input type="checkbox"/> Remove
		33009	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
2016 MAR 11 AM 11:47
CLERK OF CIRCUIT COURT
MIAMI-DADE COUNTY, FLORIDA

Lined area for document content.

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2016 MAR - 7 AM 10:47
STATE DEPT. OF STATE, FLORIDA
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ **(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 2/28/2016, _____

Signature of a member or authorized representative of a member

Andrea Cabrer
Typed or printed name of signee