

L15000152206

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GARCIA GARCIA ASSOCIATES INC
Account Number : 120110000056
Phone : (305)823-9292
Fax Number : (305)824-0703

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ATCGI@Yahoo.Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FS 105 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 FEB 15 PM 4:47

FILED
2022 FEB 15 AM 11:34
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

FEB 16 2022

H220000607213

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FS 105 LLC

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

FILED
2022 FEB 15 AM 11:34

CLERK OF
COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/04/2015 and assigned
Florida document number L15000152206

This amendment is submitted to amend the following:

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

DRIVE IN STORE 305, 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**)

7194 W 12TH AVE

HIALEAH, FL. 33014

Enter new mailing address, if applicable:

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

7194 W 12TH AVE

HIALEAH, FL. 33014

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:

QUESADA, MARIA

New Registered Office Address:

7194 W 12TH AVE

Enter Florida street address

HIALBAH

Florida

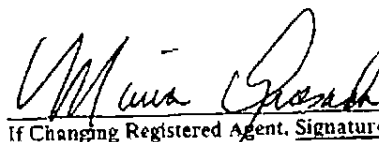
33014

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

NIGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

FILE

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 _____, 02/15, 2022

Maria Guesada
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MARIA QUESADA

Typed or printed name of signee

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Filing Fee: \$25.00