

L16 0000 40501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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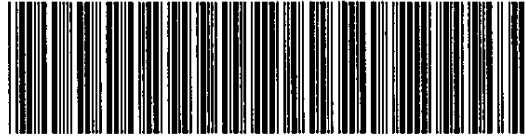
(Business Entity Name)

(Document Number)

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16 AUG -1 AM 11:06
TALLAHASSEE, FLORIDA

AUG 03 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Masters of Repair 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:

Facundo Delgado

Name of Person

Masters of Repair LLC.

Firm/Company

13221 NW 9th terrace

Address

Miami, Florida, 33182

City/State and Zip Code

facundomdelgado@gmail.com

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

For further information concerning this matter, please call:

Facundo Delgado

Name of Person

at (786) 247 6546

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**

Masters of Repair 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 July 28, 2016 and assigned Florida document number L16000040501.

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**)

13221 NW 9th terrace
Miami, Florida 33182

Enter new mailing address, if applicable:

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

13221 NW 9th terrace
Miami, Florida 33182

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:

Facundo Delgado

New Registered Office Address:

13221 NW 9th terrace

Enter Florida street address

Miami, Florida 33182
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.

Facundo Delgado
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>
CEO	Facondo Delgado	13221 NW 9th terrace	<input type="checkbox"/> Add
		Miami, FL 33182	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Mario Delgado	13221 NW 9th terrace	<input type="checkbox"/> Add
		Miami, FL 33182	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Facondo Delgado	13721 NW 9th terrace	<input checked="" type="checkbox"/> Add
		Miami, FL 33182	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 AUG - 1 PM 11:00
TALAMASSEE, FLORIDA
STATION

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

16 AUG - 1 AM
ALLIANCE
ALLIANCE

E. Effective date, if other than the date of filing: July 28, 2016 (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

_____, _____
Franklin D. Woods

Signature of a member or authorized representative of a member

Facondo Delgado

Typed or printed name of signee