

L16000088980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

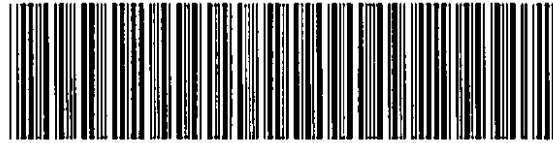
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2021 JAN 21 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

JAN 26 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 JAN 11 PM 7:04

January 11, 2021

DAVID MEDINA  
1001 NW 51ST COURT  
FT LAUDERDALE, FL 33309

SUBJECT: A.S.A.P. ADVANCED STORM AID PREPARATIONS, LLC  
Ref. Number: L16000088980

We have received your document for A.S.A.P. ADVANCED STORM AID PREPARATIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 121A00000600

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A.S.A.P ADVANCED STORM PREPARATIONS, 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:

DAVID MEDINA

Name of Person

Firm/Company

1001 NW 51st Court

Address

Fort Lauderdale FL 33309

City/State and Zip Code

jcastano@lunadevelopment.net

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

For further information concerning this matter, please call:

JOHANNA CASTANO

Name of Person

at ( 305 )

Area Code

244-8787

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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A.S.A.P ADVANCED STORM PREPARATIONS, 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 05/11/2016 and assigned Florida document number L16000088980.

This amendment is submitted to amend the following:

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

MAS AUTOMALL SALES, 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:

n/a

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

n/a

**(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:

n/a

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.*

N/A  
If Changing Registered Agent, Signature of New Registered Agent

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**AMBR = Authorized Member**

[illegible]

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

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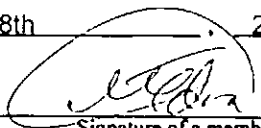
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 JANUARY 18th, 2021

  
Signature of a member or authorized representative of a member

DAVID MEDINA  
Typed or printed name of signee

Filing Fee: \$25.00