

L160001 24779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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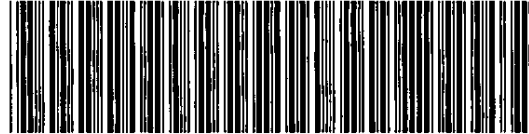
(Business Entity Name)

(Document Number)

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JUL 14 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FRANKIE AND SONS A/C & AUTO 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:

KEVIN ESTEBAN CANCEL SANTIAGO

\_\_\_\_\_  
Name of Person

FRANKIE AND SONS A/C & AUTO REPAIR LLC

\_\_\_\_\_  
Firm/Company

5627 VERNA BLVD. UNIT 6

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32205

\_\_\_\_\_  
City/State and Zip Code

cancelkev@aol.com

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

For further information concerning this matter, please call:

KEVIN ESTEBAN CANCEL SANTIAGO

904 993-4815  
at ( )

\_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FRANKIE'S AND SON'S AUTO 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 6/29/2016

Florida document number L16000124779

This amendment is submitted to amend the following:

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

FRANKIE AND SONS A/C & AUTO REPAIR 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)**

5627 VERNA BLVD

UNIT 6

JACKSONVILLE FL 32205

Enter new mailing address, if applicable:

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

5627 VERNA BLVD

UNIT 6

JACKSONVILLE FL 32205

**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:

WILFREDO VARGAS

New Registered Office Address:

6135 POWERS AVENUE

Enter Florida street address

JACKSONVILLE

City

Florida 32217-2213

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	FRANCISCO CORTES	4156 ORIELY DR	<input type="checkbox"/> Add
		JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PROVIDENCIA AQUINO RODR	4156 ORIELY DR	<input type="checkbox"/> Add
		JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEVIN ESTEBAN CANCEL	5627 VERA BLVD. UNIT 6	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL 32205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA  
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[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.

(b) The 90th day after the record is filed.

Dated JULY 7TH, 2016

*James C. [Signature]*

Signature of a member or authorized representative of a member

FRANCISCO CORTES

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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