

L170000010043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2017 FEB -8 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

FEB -9 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2017

BROKEN CARS LLC
ANGEL L ORSINI
12225 N 56TH ST, UNIT A59
TAMPA, FL 33617

SUBJECT: BROKEN CARS LLC
Ref. Number: L17000010043

RECEIVED
2017 FEB -8 PM 3:13
CLERK OF COURT
TALLAHASSEE, FLORIDA

We have received your document for BROKEN CARS 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 817A00001954

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BROKEN CARS 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:

ANGEL ORSINI

Name of Person

BROKEN CARS LLC

Firm/Company

11112 NORMANDY CIRCLE #2

Address

TEMPLE TERRACE FL 33617

City/State and Zip Code

ANGEL@MICOTECHNOLOGY.COM

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

For further information concerning this matter, please call:

ANGEL ORSINI

813 400-0757
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

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

FILED
2017 FEB -8 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BROKEN CARS 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 1/12/2017 and assigned
Florida document number L17000010043.

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:

12225 N 56TH ST. UNIT A59

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33617

Enter new mailing address, if applicable:

11112 NORMANDY CIRCLE #2

(Mailing address MAY BE A POST OFFICE BOX)

TEMPLE TERRACE, FL 33617

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:

ANGEL ORSINI

New Registered Office Address:

11112 NORMANDY CIRCLE #2

Enter Florida street address

TEMPLE TERRACE

Florida 33617

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

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	MICHAEL IANNCCONE	7704 LEON AVE	<input type="checkbox"/> Add
		TAMPA FL 33637	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGEL ORSINI	11112 NORMANDY CIRCLE #2	<input checked="" type="checkbox"/> Add
		TEMPLE TERRACE 33617	<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"/> Remove
			<input type="checkbox"/> Change

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

N/A

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2011 FEB -8 PM 3:01
CLERK OF STATE
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 FEBRUARY 6TH, 2017

Signature of a member or authorized representative of a member 3/6/17

MICHAEL IANNACCONE

Typed or printed name of signee