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(Re	questor's Name)	
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(Bu	siness Entity Nar	me)
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Certified Copies	_ Centricates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co						
RUIZ ENJAMIO TIRE & MECHANICS SERVICE LLC						
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	ROBERTO M RUIZ NIEI	BLA				
	-	Name of Person	<del></del>			
	RUIZ ENJAMIO TIRE &	MECHANICS SERVICE LLC				
		Firm/Company				
	2506 SW 14TH ST					
		Address				
	PAHOKEE, FL 33476					
		City/State and Zip Code	, <u> </u>			
	MICHELRUIZ1975@GM/	AHCOM to be used for future annual report notif	icution)			
For further information	concerning this matter, please c	·	,			
ROBERTO M. RUIZ N	HEBLA	561 449-4885				
Name	of Person	at ()	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 Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUIZ ENJAMIO TIRE & MECHANICS SERVICE LLC

FILED

2020 NOV 16 PM 4: 52

ompany as it now appe atted Liability Company	ars on our record FALL MIASSES, FL
pany were filed on $\frac{0}{2}$	04/20/2017 and assigned
liability company	<u>here</u> :
Liability Company," the	designation "L.L.C" or the abbreviation "L.AC."
2506 SW 14T	H ST
S) PAHOKEE, F	L 33476
ice address on our	records, enter the name of the new registere
OLUTIONS COR	P
AIN STREET SUITE	
	orida street address
LADE	, Florida
	Liability company  Liability Company," the  2506 SW 14T  PAHOKEE, F  OLUTIONS CONTAIN STREET SUITE  Enter Fl

## 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

Title	<u>Name</u>	Address	Type of Action
MGR	ALFREDO GARCIA MOTECINO	13148 US HWY 441	<b>≅</b> Add
		CANAL POINT, FL 33438	□Remove
			☐Change
			□Add
			□Remove
			□Change
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	pecific and cannot be prior to date of filing or more than 90 days after filing.) Priloes not meet the applicable statutory filing requirements, this date wi	
record specifies a delayed effective dar is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9	00th day after the
NOVEMBER 9TH	2020	
	ature of a member or authorized representative of a member	
Sign	iture of a member or authorized representative of a member	

Filing Fee: \$25.00