

L17000224553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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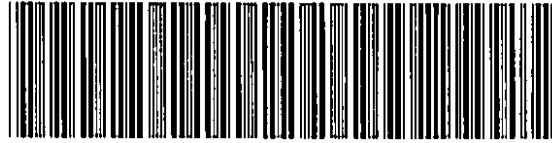
(Business Entity Name)

(Document Number)

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O SIMMONS

101 63 113



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 8, 2017

KEVIN MISKA  
100 WALLACE AVE, STE 255  
SARASOTA, FL 34237

SUBJECT: MR. MOBILE RV REPAIR LLC  
Ref. Number: L17000224553

We have received your document for MR. MOBILE RV REPAIR LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 817A00024828

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MR. MOBILE RV 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 Miska, CPA

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

Miska & Associates, LLC

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

100 Wallace Avenue, STE 255

\_\_\_\_\_  
Address

Sarasota, FL 34237

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

kevin@miskaepa.com

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

For further information concerning this matter, please call:

Kevin Miska

941

404-6578

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
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

2017 DEC 5 AM 11:31

2017 DEC 5 AM 11:31

11/14/17

NO 11

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

MR. MOBILE RV 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 10/30/2017 and assigned  
Florida document number L17000224553.

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 "LLC."

**Enter new principal offices address, if applicable:**

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

255 Tamiami Trail N Unit #21

Nokomis, FL 34275

**Enter new mailing address, if applicable:**

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

255 Tamiami Trail N Unit #21

Nokomis, FL 34275

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*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>
AMBR	Miska, Kevin J. SR	1079 Tamiami Trail N. 305	<input type="checkbox"/> Add
		Nokomis, FL 34275	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William J Davis	255 Tamiami Trail N Unit #21	<input checked="" type="checkbox"/> Add
		Nokomis, FL 34275	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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APPROVED  
10:41 PM  
JAN 8 2011

18 JAN -8 1988

18 JAN 18 PM 4:01

**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.

Dated October 30, 2017

Kevin Miska, CPA

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Typed or printed name of signee

L17000117835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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18 JAN -8 PM 3:56  
TALLAHASSEE, FLORIDA

O. SIMMONS  
JAN 18 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 18, 2017

NANCY ESPARZA  
501 N FLORIDA AVE  
LAKE LAND, FL 33801

SUBJECT: PROVIDENCE AUTO BROKERS LLC  
Ref. Number: L17000117835

We have received your document for PROVIDENCE AUTO BROKERS 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 CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 817A00025461

RECEIVED  
JAN - 8 2018



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Providence Auto Brokers 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:

Nancy Esparza  
Name of Person

Providence Auto Brokers LLC  
Firm/Company

501 N Florida AV  
Address

Lakeland, FL 33801  
City/State and Zip Code

Providenceautobrokers@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Esparza at ( 603 ) 674-5637  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

*Already Paid*

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**

Providence Auto Brokers 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 5-30-2017 and assigned Florida document number L17000117835.

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)

Enter new mailing address, if applicable:

(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:

Nancy Esparza

New Registered Office Address:

501 N Florida Ave

Enter Florida street address

Lakeland

City

Florida

33801

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>
Manager	Michael Sullivan	501 N Florida Ave Lakeland FL 33801	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Please Remove  
Michael Sullivan

8 JAN -8 PM 3:56

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

Please remove Michael Sullivan. He is no longer  
part of the company.

18 JAN -8 PM 3:56  
RECEIVED

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 1st 2018.

Nancy P. Esparza  
Signature of member or authorized representative of a member

Nancy Esparza  
Typed or printed name of signee