

L18000034288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

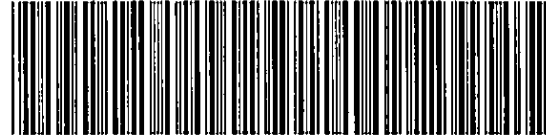
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200329418562

05/20/19--01003--002 \*\*25.00

FILED  
19 MAY 16 PM 4:33  
CLERK OF COURT  
JANET L. HARRIS

© SIMMONS

MAY 20 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2019

KEVIN SANDINO  
19420 NW 39 AVE  
MIAMI GARDENS, FL 33055

SUBJECT: PREMIER LUBE & REPAIRS, LLC.  
Ref. Number: L18000034288

We have received your document for PREMIER LUBE & REPAIRS, 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.

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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 119A00008984

RECEIVED

MAY 16 2019

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

PREMIER LUBE & REPAIRS, 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 02/07/2018 and assigned  
Florida document number L18000034288.

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)

19420 NW 39 AVE

MIAMI GARDENS, FL 33055

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

(Mailing address MAY BE A POST OFFICE BOX)

19420 NW 39 AVE

MIAMI GARDENS, FL 33055

**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:**

*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

MGR = Manager  
AMBR = Authorized Member

FILED  
19 MAY 16 PM 4:39  
Add  
Change  
MAIL ROOM

MAY 10 PM 4:33

19 MAY 10 PM 4:33

19 MAY 16 PM 4:33

7

**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.

Dated \_\_\_\_\_

Kevin Sandino  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kevin Sandino  
Typed or printed name of signer

Typed or printed name of signer