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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| Division of Co | | | | | |
|----------------------------|--|--|--------------|--|-------------|
| | arage LLC | | | | |
| SUBJECT: | Name of Lim | nited Liability Company | | | |
| | Amendment and fee(s) are sub | - | | | |
| | Yordin Perez Chegin | | | | |
| | | Name of Person | | | |
| | Yordin's Garage | | | A 200 | 2910 |
| | 3909 SW 28th St | Firm/Company | | AHASS | 2010 APR 13 |
| | West Park FL 33023 | Address | | TO RE | ABO |
| | yperez l 194@ gmail.com | City/State and Zip Code to be used for future annual | | ootion) | ⊹ |
| For further information of | concerning this matter, please c | | report nound | cauon) | |
| Yordin Perez Chegin | , | 305 49 | 8-6811 | | |
| Name o | of Person | at () Area Code | Daytime ' | Telephone Number | ********* |
| Enclosed is a check for t | he following amount: | | | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee of Certified Copy (additional copy is end | | ☐ \$60.00 Filing Certificate o Certified Co (additional cop | of Status & |
| MAIL | ING ADDRESS: | STREET | I/COURIE | R ADDRESS: | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| (Name of the Limited Liability Comp | any as it now appears on our | records.) |
|--|---------------------------------|---|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | Liability Company) | <u> </u> |
| he Articles of Organization for this Limited Liability Company lorida document number | were filed on | and assigned |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | oility company here: | |
| 'ordin's Garage LLC | | |
| ne new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation | n "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | 3909 SW 28th St | |
| Principal office address MUST BE A STREET ADDRESS) | West Park Fl 33023 | 76. 78 |
| | | |
| nter new mailing address, if applicable: | 3909 SW 28th St | AND |
| Mailing address MAY BE A POST OFFICE BOX) | West Park FL 33023 | |
| | | GAT O |
| | | E. o |
| Name of New Registered Agent: If amending the registered agent and/or registered of registered office address here. Yordin Perez C | <u>re</u> : | ecords, <u>enter the name of the</u> |
| 3000 SW 28th | St | |
| New Registered Office Address: | Enter Florida stree | t address |
| | | · ····· - |
| West Park | | . Florida 33023 |

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. Qr, 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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------------|--|----------------------|
| MGR | Yordin Perez Chegin | 3909 SW 28th St | ■ Add |
| | | West Park FL 33023 | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
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| | | | Remove AHARA Change |
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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more the | (optional) | | |
| lote: If the date inserted in this block does not meet the applicable statutory filing requocument's effective date on the Department of State's records. | uirements, this date | will not be li | os.ozo sted a: |
| | | | |
| e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed. | , at 12:01 a.m. | on the ear | lier c |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00