

L18000123577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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09/27/18--01005--029 **25.00

FILED
2018 OCT 25 AM 10:00
CLERK OF COURT

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Prime Time Auto 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:

Juvenal Tapia

Name of Person

Prime Time Auto Repair LLC

Firm/Company

719 East Hibiscus Blvd.

Address

Melbourne/ Florida 32901

City/State and Zip Code

FLGator0013@gmail.com

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

FILED
OCT 25 AM 10:00

For further information concerning this matter, please call:

Blake Stewart

321 541-6845

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2018

JUVENAL TAPIA
719 E. HIBISCUS BLVD
MELBOURNE, FL 32901

SUBJECT: PRIMETIME AUTO REPAIR, LLC
Ref. Number: L18000123577

We have received your document for PRIMETIME AUTO REPAIR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name unavailable, conflict document number is P02000000314.

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.

* Dionne M Scott
Regulatory Specialist II

Letter Number: 018A00020473

FILED

OCT 25 10:00 AM

2618 OCT 25 10:00 AM

10/22/2018

18.09.25Craig_NameChangeLetter.jpg

9/21/18

To the Florida Division of Corporations.

To Whom It may concern,

I Robert Craig am the sole shareholder of the business known as GT Service Center Inc. with a Florida Division of Corporations Document number P02000000314, and having a principle business address of 719 East Hibiscus Boulevard, Melbourne Florida 32901, am dissolving my corporation, and have sold substantially all of the assets of the corporation including the trade name GT Service Center to Prime Time Auto Repair LLC, who desire to change their name to GT Service Center LLC as soon as possible, which I agree to and accept. Please allow them to change their name from Prime Time Auto Repair LLC to GT Service Center LLC.

Sincerely,

Robert Craig

Robert Craig Pres.

9/21/18 10:25 AM

FILED

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

Prime Time Auto 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 05/17/2018 and assigned
Florida document number L18000123577.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GT Service Center LLC

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)

719 East Hibiscus Blvd.

Melbourne, Florida 32901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

719 East Hibiscus Blvd.

Melbourne, Florida 32901

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:

Juvencal Tapia

New Registered Office Address:

719 East Hibiscus Blvd.

Enter Florida street address.

Melbourne

Florida 32901

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.


Juvencal Tapia
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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Juvenal Tapia	719 East Hibiscus, Melbourne FL 32901	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Ryane Tapia	2025 Kent St NE Palm Bay FL 32907	<input checked="" 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

25

ה'תש"ח

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.

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee