L18 000124531

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

Tallahassee, FL 32314

| то: | Registration Se Division of Cor | | , | |
|---------------|---|---|---|---|
| end in | ·cr. | A GONZAI | LEZ REPAIR LLC | |
| SUBJF | .(-1; | Name of Lim | ited Liability Company | |
| The end | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | ADRIAN | N GONZALEZ SOTOMAYOR | |
| | | | Name of Person | |
| | | A | GONZALEZ REPAIR LLC | |
| Firm/Company | | | | |
| | | | 2400 NW 102ND WAY | |
| | | | Address | · · · · · · · · · · · · · · · · · · · |
| | | PEM | MBROKE PINES, FL 33026 | |
| | | | City/State and Zip Code | |
| | | | adrian911221@gmail.com to be used for future annual report noti | 7 |
| For fur | ther information c | oncerning this matter, please co | - | neation) |
| Α | DRIAN GONZA | LEZ SOTOMAYOR | 786 910-86 | 064 |
| | Name o | f Person | at () Area Code Daytim | e Telephone Number |
| Enclose | ed is a check for th | ne following amount: | | |
| ≡ \$2: | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy. (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration S Division of C P.O. Box 632 | Section Corporations | Street Address: Registration Sed Division of Cor The Centre of T | porations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

29 A

| | | | 22 J |
|--|--|-----------------------------|--------------------------|
| | ALEZ REPAIR LLC | | 물을 두 때 |
| (Name of the Limited Liability (A Florida | y Company as it now appear Limited Liability Company) | s on our records.) | JUL 27 A |
| The Articles of Organization for this Limited Liability Co | ompany were filed on | 05/17/2018 | and assigned. |
| Florida document numberL18000124531 | <u></u> . | | : 12 |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ted liability company he | e <u>re</u> : | |
| A GONZALEZ PLUMBING LLC | | | |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the d | esignation "LLC" or the a | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDR. | <u>ESS)</u> | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our re | ecords, <u>enter the na</u> | me of the new registered |
| agent and of the new regionered office was oss not o | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flor | rida 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 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> | Name | Address | Type of Action |
|--------------|------|--------------|----------------|
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| D. If amend | ing any other informat | ion, enter change(s) here: (Attach additional shee | s, if necessary.) | |
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| Note: If | the date inserted in this blo | date of filing: be specific and cannot be prior to date of filing or more than 90 ock does not meet the applicable statutory filing requirempartment of State's records. | (optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as | '(3)(b) the |
| If the record s record is filed | • | date, but not an effective time, at 12:01 a.m. on the ear | lier of: (b) The 90th day after the | |
| Dated | JULY, 16 | 2022 | TALLAHASSEE, FLOR | 3 3 3 3 |
| | | Asto | MASSINA ZOLE Z | ≣ |
| | | Signature of a member of authorized representative of a memb | or me | ST P |
| | | ADRIAN GONZALEZ SOTOMAYOR | 200 200 200 200 200 200 200 200 200 200 | = |
| | • | Typed or printed name of signee | | |

Filing Fee: \$25.00