

L18000141314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

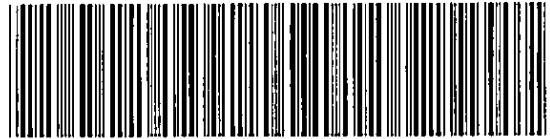
(Business Entity Name)

(Document Number)

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2018 NOV 16 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

NOV 16 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: INTERSTATE AUTO CENTER 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:

PATRICIA CURCOVEZKI

Name of Person

INTERSTATE AUTO CENTER LLC

Firm/Company

4398 WEST COLONIAL DRIVE

Address

ORLANDO - FLORIDA - 32808

City/State and Zip Code

rotarianpatricia@gmail.com

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

For further information concerning this matter, please call:

PATRICIA CURCOVEZKI 407 7977379

Name of Person at () 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

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

INTERSTATE AUTO CENTER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/08/2018 and assigned
Florida document number L18000141314.

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)

PATRICIA CURCOVEZKI

201 E PINE ST #445

ORLANDO - FLORIDA - 32801

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:

PATRICIA CURCOVEZKI

New Registered Office Address:

201 E PINE ST #445

Enter Florida street address

ORLANDO

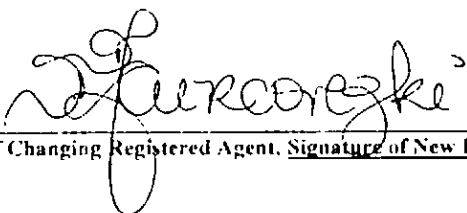
City

Florida 32801

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>
AMBR	LYONEL CADET	4398 W. COLONIAL DR	<input type="checkbox"/> Add
		ORLANDO - FLORIDA - 32808	<input checked="" type="checkbox"/> Remove
		4398 W. COLONIAL DR	<input type="checkbox"/> Change
PRES	PEDRO CURCOVEZKI	ORLANDO - FLORIDA - 32808	<input checked="" type="checkbox"/> Add
		4398 W. COLONIAL DR	<input type="checkbox"/> Remove
		ORLANDO - FLORIDA - 32808	<input type="checkbox"/> Change
MGR	PATRICIA CURCOVEZKI	4398 W. COLONIAL DR	<input checked="" type="checkbox"/> Add
		ORLANDO - FLORIDA - 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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ALACHUA COUNTY, FLORIDA


2010 NOV 12
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KANSAS
ALLIANCE

E. Effective date, if other than the date of filing: _____ (optional)

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 NOVEMBER 16, 2018


Signature of a member or authorized representative of a member

Typed or printed name of signee