

18000190546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

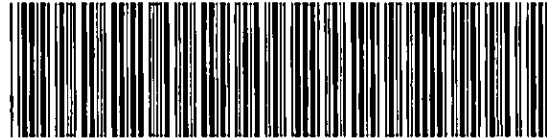
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800320127108

10/29/18--01017--008 **25.00

FILED
18 OCT 29 PM 3:05
CLERK OF COURT
COURT CLERK
COURT CLERK

NOV 15 2018

T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AA SERVICE AUTO, 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:

CRUZ, JUANA K

Name of Person

AA SERVICE AUTO, LLC

Firm/Company

908 NE 4TH AVE

Address

FT LAUDERDALE FL 33304

City/State and Zip Code

aa.auto954@gmail.com

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

For further information concerning this matter, please call:

CRUZ, JUANA K

754 304 3069
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

Page 1 of 3

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	CRUZ, JUANA K	901 NW 141 Ave	<input type="checkbox"/> Add
		#204	<input type="checkbox"/> Remove
		PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Change
MGR	ROUDEL, FREDERIC	16920 NE 4 PLACE	<input checked="" type="checkbox"/> Add
		N MIAMI BEACH FL 33162	<input type="checkbox"/> Remove
			<input checked="" 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

18 OCT 29 PM 3:05
 ADDITION
 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 10/18/05 BY 60322 UCBA

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

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.

f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated OCTOBER 26, 2018

Signature of a member or authorized representative of a member

CRUZ, JUANA K

Typed or printed name of signee