L18000210639

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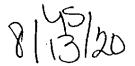
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COVER LETTER

TO: Registration So Division of Cor		•		
	O WORKS LLC	,	•	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MIGUEL A. CARRASCO)		
		Name of Person		
	ABC AUTO WORKS LL	С	,	120
		Firm/Company		
	722 PATRICK ST. SUITI	E 102		
		Address		
	KISSIMMEE, FL. 34741			
		City/State and Zip Code		٤,
	ADMIN@ABCAUTOWO			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not	ification)	
MIGUEL A. CARRASO	•	407 285-4930		
Name o	f Person	at ()Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres Registration S		Street Address: Registration Sc	ection	
Division of C		Division of Co		
P.O. Box 632		The Centre of		•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	U

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARF CLEANING AND MAINTENANCE, LLC			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our Liability Company)	records.)	.
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000210639</u>	were filed on 09/04/201	8	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
ABC AUTO WORKS LLC			~ 1
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designatio	on "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		·	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		37	·
			· · · · · · · · · · · · · · · · · · ·
		2.	.
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records,	enter the name o	f the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	at address	
		, Florida	
	City·	, 1101104	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dut provided for in Chapter	ties, and I am fan r 605, F.S. Or, if i	iliar with and his document is

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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□ Change
			
			□Remove
			Change
			: □Add
		÷ .	 □Remove
		<u> </u>	☐ Change
			Add
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ctive date, if other than the date effective date is listed, the date must be spen of the date inserted in this block diament's effective date on the Departi	oecific and cannot be poes not meet the ap	plicable statute	ing or more than 90 ory filing requirem	(optional) days after filing tents, this date	.) Pursuant to 605.02
ord specifies a delayed effective date filed.	, but not an effectiv	ve time, at 12:0	I a.m. on the earl	ier of: (b) Th	ne 90th day after th
ed	2020				
	//// X /	/ \			

Filing Fee: \$25.00