## L19 000010051

(Re	questor's Name)	<u> </u>
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PICK-UP	WAIT	MAIL
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WISION OF CURPORATIONS

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## **COVER LETTER**

	tration Sec on of Corp		•				
eun rece		MVR AUTO CARE LL	C		_		
SUBJECT: _		Name of Limited Liability Company					
The enclosed A	Articles of a	Amendment and fee(s) are sub	mitted for filing.		,		
Please return al	ll correspoi	ndence concerning this matter	to the following:				
			Maikel Valdes Ruiz				
		<del></del>	Name of Person				
		М	IVR AUTO CARE LLC				
			Firm/Company				
			1502 SW 118 AVE				
			Address				
		MIAMI, FL 33184					
			City/State and Zip Code guianessa@gmail.com				
		E-mail address: (	to be used for future annual re	port notification)			
For further info	ormation co	oncerning this matter, please ca	all:				
N	daikel Vale	des Ruiz	786 at ()	317-7976			
	Name of	Person	Area Code	Daytime Telephone Number			
Enclosed is a c	heck for th	e following amount:					
\$25.00 Fili	ng 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 enclos			
		NG ADDRESS:	STREET/ Registratio	COURIER ADDRESS:			
		n of Corporations		f Corporations			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MVR AUTO C			6
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears Liability Company)	on our records.)	4
The Articles of Organization for this Limited Li Florida document number <u>83-31534</u>		were filed on	01/08/2019	and assigned &
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>·e</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic		1502 SW 118 AV		
(Principal office address MUST BE A STREE	T ADDRESS)	Miami FL 33184		
Enter new mailing address, if applicable:		1502 SW 118 AV	/E	
(Mailing address MAY BE A POST OFFICE BOX)		Miami FL 33184		
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	~	<u>e</u> ;	our records, <u>enter</u>	the name of the new
New Registered Office Address:	1502 SW 118 A			
			da street address	
	Mia ————		, Florida	33184
		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 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			
MICHC - Manager			
AMBR = Authorize	d Member		
A.A.DIC Additionize	d Michiger		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			□ Remove
		<del></del>	☐ Change
			Add
			□ Remove
			☐ Change
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f an eff <u>Note:</u>	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	··
	Lat.
	Signature of amember or authorized representative of a member

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Filing Fee: \$25.00