

L191000 034 875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

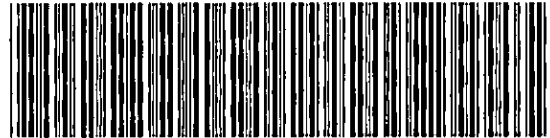
(Business Entity Name)

(Document Number)

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10/28/19--01043--020 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 OCT 28 AM 11:55

Amend

10/23/2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Finesse Auto Care 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:

Juan V Bolmos
Name of Person

Firm/Company

4505 W. Price Blvd
Address

North Port FL, 34286
City/State and Zip Code

FinesseAutoCare@a Gmail. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan V Bolmos at (941) 447-0950
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 OCT 28 AM 11:57

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

FINESSE AUTO CARE LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 OCT 28 AM 11:57

The Articles of Organization for this Limited Liability Company were filed on 02/04/2014 and assigned
Florida document number L19000034875.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FINESSE AUTO CARE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4505 W. Price Blvd
North Port FL, 34286

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4505 W. Price Blvd
North Port FL, 34286

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:

Juan V Bolanos

New Registered Office Address:

4505 W. Price Blvd

Enter Florida street address

North Port

City

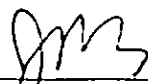
Florida

34286

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>
MGR	Juan V Bolanos	4505 W. Price Blvd	<input checked="" type="checkbox"/> Add
		North Port FL, 34286	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 10/23/19 (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.

If 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 10/23/19, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00