

L190000 40209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

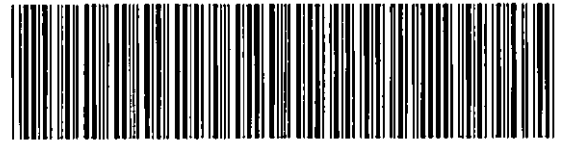
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100408454881

05/12/23--01013--001 **25.00

A. RIVERS

JUL 12 2023

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DONATI CHIARA BUSINESS AND SERVICE 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:

FERNANDO PACHECO

Name of Person

KASH BOOKKEEPING ACCOUNTING SERVICES, LLC

Firm/Company

3300 S HIAWASSEE RD, STE 107E

Address

ORLANDO, FL, 32835

City/State and Zip Code

contato@kashaccountingusa.com

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

For further information concerning this matter, please call:

FERNANDO PACHECO at () (407)782-9387
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

DONTI CHIARA BUSINESS AND SERVICE LLC

The Articles of Organization for this Limited Liability Company were filed on 02/08/2019 and assigned Florida document number L19000040209.

This amendment is submitted to amend the following:

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

MARANELLO DI TAMPA DEALER & AUTO SERVICE, LLC

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:

5203 E BROADWAY AVN, TAMPA, FL, 33619

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

5203 E BROADWAY AVN, TAMPA, FL, 33619

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Enter Florida street address).

_____, Florida _____
(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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DONATI CHIARA, CECILIA	6728 TRELLIS VINE LOOP	<input type="checkbox"/> Add
		WINDERMERE, FL, 34786	<input checked="" 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
			<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

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

FROM MAY 02/2023 THE COMPANY WILL HAVE THE BUSINESS: USED AS A CAR DEALERSHIP, BODYSHOP AND SERVICE CAR MANTENIMENT REPAIR.

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

(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,

04/27/2023

X

(Signature of a member or authorized representative of a member)

PARLOS AUGUSTO DE PAIVA CHIBRA

(Typed or printed name of signee)