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	istration Sec ision of Cor				
enance.	BROADWA	AY TRAILER REPAIR LLC.			
SUBJECT:	· <u>-</u>	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub-	-	• .	
Please return	all correspo	ndence concerning this matter KASANDRA F SPENCEF			
		. ,	Name of Person		-
		BROADWAY TRAILER	REPAIR LLC.		10
		5425 CARMACK RD	Firm/Company		PER
		TAMPA FL 33610	Address		APPROVED FILED FILED FILED FILED SIGNATURE SIG
		BROADWAYTRAILERRI		·	5.
Car fiethar i	utoemation o	E-mail address: (oncerning this matter, please co	to be used for future annual report notif	fication)	
	A F SPENCI		863 808-6574		
	Name o	l'Person	at () Area Code Daytime	e Telephone Numbe	r
Enclosed is	a check for th	ne following amount:			
■ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	nte of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section (1) Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	N. F. S. M. F.	
BROADWAY TRAILER REPAIR LLC. (Name of the Limited Liability Company as	sit now appears on our records.)	<u></u>
(Name of the Limited Liability Company as (A Florida Limited Liabil	ity Company)	
The Articles of Organization for this Limited Liability Company wer Florida document number $\frac{1.19000068901}{1.19000068901}$.	e filed on 03/11/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
	<u> </u>	
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1CV	
(Principal office address MUST BE A STREET ADDRESS)		
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	er ikki ok	DIS HAR
Enter new mailing address, if applicable:	;	2 TA
(Mailing address MAY BE A POST OFFICE BOX)		7 705
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		er the name of the new
	(<u>V</u> .*	•
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>	t ,	Type of Action
MGR	KASANDRA F SPENCER	5425 CARMAC FL 33610	K RD TAMPA	
		***	e f Service	
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ffective date, if other than the date of an effective date is listed, the date must be specifore: If the date inserted in this block does ocument's effective date on the Department.	not meet the applicable	(opting or more than 90 days after statutory filing requirements, this	onal) r tiling.) Pursuant to 605.020' s date will not be listed as
e record specifies a delayed effect The 90th day after the record is f	ive date, but not an iled.	effective time, at 12:01	a.m. on the earlier o
MARCH 20	2019		
1/ 0 0	e of a member or authorized	I representative of a member	
KASANDRA F SPENCER		<u>.</u>	
KASANDRA I SI BNCBR			

Page 3 of 3

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