

L19000 077 6B

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

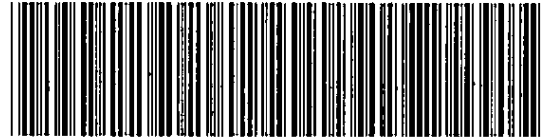
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200333415512

09/13/19--010177-010  
FILED  
19 SEP 13 AM 10:39  
TALLAHASSEE, FL 32309  
CLERK OF COURT  
JANET M. WOOD

SEP 13 2019  
T. SCHROEDER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AUTO REPAIR KINGS 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:

MAXIME JULIEN

\_\_\_\_\_  
Name of Person

AUTO REPAIR KINGS LLC

\_\_\_\_\_  
Firm/Company

11560 WILES RD, B2

\_\_\_\_\_  
Address

CORAL SPRINGS, FL 33076

\_\_\_\_\_  
City/State and Zip Code

AUTOREPAIRKINGS1@GMAIL.COM

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

For further information concerning this matter, please call:

MAXIME JULIEN

954

868-7811

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

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

AUTO REPAIR KINGS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/20/2019 and assigned  
Florida document number L19000077613.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

11560 WILES RD

B2

CORAL SPRINGS, FL 33076

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11560 WILES RD

B2

CORAL SPRINGS, FL 33076

**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:

MAXIME JULIEN

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	JEAN ROODY THELUSMOND	4026 INVERRARY BLVD	<input checked="" type="checkbox"/> Add
		APT 1103	<input type="checkbox"/> Remove
		LAUDERHILL, FL 33319	<input type="checkbox"/> Change
MGR	MAXIME JULIEN	3562 CORAL SPRINGS DR	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		CORAL SPRINGS, FL 33065	<input checked="" 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

RECEIVED  
19 SEP 13  
10:09  
MID-10:09  
69

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

NOTES: REGISTERED AGENT SIGNATURE NOT ADDED BECAUSE REGISTERED AGENT THE SAME

REGISTERED AGENT IS STILL THE SAME. SUNBIZ HAS AGENT FIRST NAME AS LAST NAME AND

LAST NAME AS FIRST NAME. ACTUAL NAME IS "MAXIME JULIEN".

FIRST NAME: MAXIME. LAST NAME: JULIEN

PLEASE MAKE CHANGES ON BOTH THE REGISTERED AGENT AND THE MANAGER SECTIONS FOR

MAXIME JULIEN. MAXIME JULIEN ADDRESS IS STILL THE SAME.

ALSO ON THE PHYSICAL AND MAILING ADDRESS FOR THE BUSINESS. THE SUITE # WAS NOT

ADDED. IT IS BEING ADDED NOW ON THE AMENDMENT, "B2".

THANK YOU

FILED  
19 SEP 3 AM 10:39  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

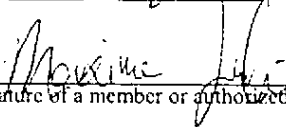
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 September 10<sup>th</sup> 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MAXIME JULIEN

\_\_\_\_\_  
Typed or printed name of signee