

L19000 129 663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

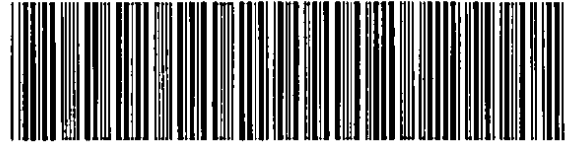
(Business Entity Name)

(Document Number)

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2020 JUL 10 PM 4:02

AUG 22 2020

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fort Myers 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:

Harry E. Petit Pierre  
Name of Person

Fort Myers Auto Care LLC  
Firm/Company

1945 Coronado Rd  
Address

Fort Myers FL 33901  
City/State and Zip Code

FortMyersAutoCare@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abbey Cipe at (231) 284 5420  
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 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

Fort Myers Auto Care

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

2020 JUL 10 14:02

The Articles of Organization for this Limited Liability Company were filed on 5-13-19 and assigned  
Florida document number L19000129663

This amendment is submitted to amend the following:

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

Fort Myers Auto Care

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)

1945 Coronado RD

Fort Myers FL 33901

Enter new mailing address, if applicable:

(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:

Hern R Petit Pierre

New Registered Office Address:

1945 Coronado RD Ft Myers FL 33901

Enter Florida street address

Fort Myer

City

Florida

33901

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	Harry Pelt Pate		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1945 Coronado RD Fort Myers FL 33901	<input checked="" type="checkbox"/> Change
AMBR	Abbey Pipe		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1945 Coronado RD Fort Myers FL 33901	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.)

we accidentally entered the wrong names

at the wrong spot. just a name swap.

Thank you.



Please note

We want changes to stated.

Harry Patis - Pierce as MGR

Abbey Cipe as AMBR.

E. Effective date, if other than the date of filing: 7-9-20 (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

7-9-20



Signature of a member or authorized representative of a member

Harry Patis

Typed or printed name of signee