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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

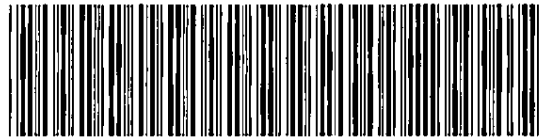
(Business Entity Name)

(Document Number)

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01/21/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sunset Garage Auto Works 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:

Nelson Rodriguez

Name of Person

Sunset Garage Auto Works LLC

Firm/Company

16051 O'neal Dr, Unit #3

Address

North Fort Myers, FL 33903

City/State and Zip Code

sunsetgarage19@gmail.com

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

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For further information concerning this matter, please call:

Yadira Rodriguez

239 565-6323

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 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

Sunset Garage Auto Works 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 05/19/2019 and assigned Florida document number L19000140358.

**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)**

16051 O'neal Dr, Units 2-4

North Fort Myers, FL 33903

**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:

Silvia Rodriguez.

New Registered Office Address:

1429 NE 2nd Ter

Enter Florida street address

## Cape Coral

Florida 33909

Civ

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>
AMBR	Mark J Hatchett	16051 O'neal Dr, Unit 3	<input type="checkbox"/> Add
		North Fort Myers, FL 33903	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Yadira Rodriguez	16051 O'neal Dr, Unit 2-4	<input checked="" type="checkbox"/> Add
		North Fort Myers, FL 33903	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nelson Rodriguez	16051 O'neal Dr, Units 2-4	<input type="checkbox"/> Add
		North Fort Myers, FL 33903	<input type="checkbox"/> Remove
			<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

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SE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-11-2001 BY 60322  
UCBAW

704, FEB 21 AM 11:19  
SEAL HOUSE, FL

(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)

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.

Nelson Rodera  
Signature of a member or authorized representative of a member

Typed or printed name of signee