

h19000189092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

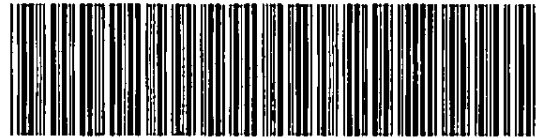
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

BRUCE
MAR 02 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSE MARIA LIMPIAS 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:

JOSE M LIMPIAS

Name of Person

JOSE MARIA LIMPIAS LLC

Firm/Company

2659 BLOSSOM WAY

Address

NAPLES, FL 34120

City/State and Zip Code

josemarialimpias11@icloud.com

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

For further information concerning this matter, please call:

JOSE M LIMPIAS

Name of Person

239
at ()

Area Code

771-1521

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

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TALLAHASSEE, FL

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

JOSE MARIA LIMPIAS 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 07/23/2019 and assigned
Florida document number L19000189092.

This amendment is submitted to amend the following:

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

FLORIDA LR IMPORT & EXPORT 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:

211 ALBANY RD

(Principal office address MUST BE A STREET ADDRESS)

FORT MYERS, FL 33967

Enter new mailing address, if applicable:

7211 ALBANY RD

(Mailing address MAY BE A POST OFFICE BOX)

FORT MYERS, FL 33967

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

City, Florida

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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>
			<input type="checkbox"/> Add
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TALLAHASSEE

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TALLAHASSEE, 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 605.0107 (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.

Dated FEBRUARY 17TH 2022


Signature of a member of a

Signature of a member or authorized representative of a member

JOSE MARIA LIMPIAS

Typed or printed name of signee

Filing Fee: \$25.00