

L19000 198577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

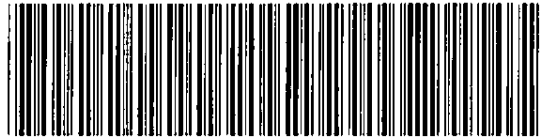
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amendment Name change

Office Use Only



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02/19/25--01020--004 **20.00

FILED
2025 FEB 19 PM 2:45
TALLAHASSEE, FL

AB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alfa ATV's & Motorcycles Repair 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:

Juan A Negrón
Name of Person

Firm/Company

7640 Boreas Dr.
Address

Orlando, FL. 32822
City/State and Zip Code

lizcarnacho551@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan A. Negrón at (407) 692-0363
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Alfa Atv's & Motorcycles Repair

2025 FEB 19 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FL
and assigned

Water Toys Jet Ski Repair LLC

7640 Boreas dr
Orlando FL 32822

_____, Florida _____
City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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

Hello,

I am only changing the name of the company from: ALFA ATV'S Motorcycles repair LLC to: Water Toys Jet Ski Repair.

The business address remains the same.


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 2/14/25 . 2025 .


Signature of a member or authorized representative of a member

Juan Antonio Negrón
Typed or printed name of signee