

L19 000 2034Z6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

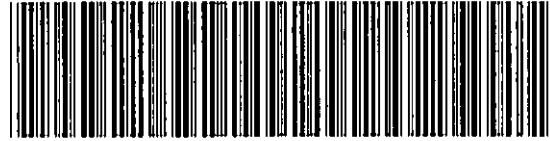
(Business Entity Name)

(Document Number)

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07/26/21--01040--019 **25.00

119 000 2034Z6

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAPA Autocare Center 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:

Ricardo Hernandez

Name of Person

MIAMI AUTO CARE CENTER LLC

Firm/Company

14271 SW 120 St Suite #110

Address

MIAMI FL 33186

City/State and Zip Code

RicardoAG@AutolendingUSA.com

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

For further information concerning this matter, please call:

Ricardo Hernandez

Name of Person

at (305)

Area Code

385 9406

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

Napa Autocare Center 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 7/1/2019 and assigned
Florida document number 12900-0203426

This amendment is submitted to amend the following:

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

TAMIAMI AUTO CARE CENTER 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:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(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:

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>
_____	_____	_____ <input type="checkbox"/> Add	
		_____ <input type="checkbox"/> Remove	
		_____ <input type="checkbox"/> Change	
_____	_____	_____ <input type="checkbox"/> Add	
		_____ <input type="checkbox"/> Remove	
		_____ <input type="checkbox"/> Change	
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		_____ <input type="checkbox"/> Remove	
		_____ <input type="checkbox"/> Change	

Florida document # L 190000203426

FILED AUGUST 9, 2019 (8/9/2019)

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

Please change BACK to original Name
that was Registered from the starting
of file. We made a mistake because
permits reasons that was a mistake.

Thank you. NAME CHANGE BACK TO TAMAMI
AUTO CARE CENTER, LLC (FROM NAPA AUTO CARE CENTER, LLC)

* The FILING FEE, ~~AND~~ FIRST PAGE,
AND COVER LETTER WERE MAILED
SEPARATELY. HOPEFULLY YOU WILL
BE ABLE TO PUT ALL DOCUMENTS
TOGETHER ON YOUR END BASED

ON THE FLORIDA DOCUMENT
NUMBER L190000203426
NAPA AUTO CARE CENTER / TAMAMI AUTO CARE
CENTER LLC THANK YOU

14271 SW 120th ST #110, MIAMI, FL 33186

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 7-21-21 July 21, 2021.

Ricardo Hernandez
Signature of a member or authorized representative of a member

RICARDO HERNANDEZ
Typed or printed name of signee

2021 JUL 26 PM 2:34

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PHONE (305) 385-9406 EMAIL: RICHARDH@

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