

L200000 13281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

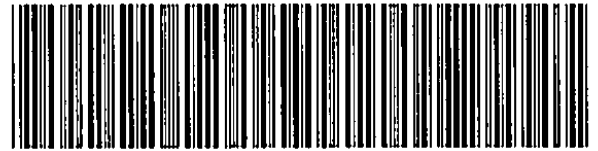
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200343249452

04/24/20--01012--002 **25.00

FILED
2020 APR 24 PM 3:29

Amend

MAY 07 2020
I ALBRITTON

TO: Registration Section
Division of Corporations

SUBJECT: Marty's Auto Service 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:

Martin Fischer
Name of Person

Marty's Auto Service LLC
Firm/Company

821 West Lake Brantley Rd.
Address

Altamonte Springs FL 32714
City/State and Zip Code

MX marty@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin Fischer (at 407 256-6579)
Name of Person Area Code Daytime Telephone Number
407 756-6634

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

TO
ARTICLES OF ORGANIZATION
OF

Marty's Auto Service 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 Jan. 6, 2020 and assigned
Florida document number L20000013281

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)

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:

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
<u>AR</u>	<u>JoAnn Fillippo</u>	<u>1190 Forest Hills Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Altamonte Springs</u>	<input type="checkbox"/> Remove
		<u>FL. 32714</u>	<input type="checkbox"/> Change
<u>Mgr</u>	<u>Martin Fischer</u>	<u>821 West LK Brantley Rd.</u>	<input checked="" type="checkbox"/> Add
		<u>Altamonte Springs</u>	<input type="checkbox"/> Remove
		<u>FL. 32714</u>	<input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

Dated April 16 2020.

Signature of a member or authorized representative of a member

Martin Fischer

Typed or printed name of signee