

L20000015146

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2020 FEB 18 AM 8:39
SALT LAKE COUNTY CLERK

Amend

MAR 10 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FL MOWER REPAIR & BOAT ACCESSORIES INSTALLATION 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:

Israel Rivera III

Name of Person

FL MOWER REPAIR & BOAT ACCESSORIES INSTALLATION LLC

Firm/Company

11110 NE 36th Avenue

Address

Anthony FL 32617

City/State and Zip Code

Israelriiii29@gmail.com

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

For further information concerning this matter, please call:

Israel Rivera III

352 426-8304
at ()
Area Code Daytime Telephone Number

Name of Person

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**

FL MOWER REPAIR & BOAT ACCESSORIES INSTALLATION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 FEB 18 AM 8:39
SECRETARY OF STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01-08-2020 and assigned
Florida document number L20000015146.

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)

11110 NE 36th Avenue

Anthony FL 32617

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

11110 NE 36th Avenue

Anthony FL 32617

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: Israel Rivera III

New Registered Office Address: 11110 NE 36th Avenue
Enter Florida street address

Anthony, Florida 32617
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

[illegible]

