

L200000593 87

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

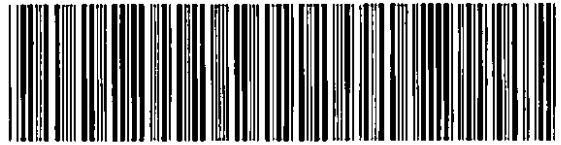
(Business Entity Name)

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OFFICE OF THE CLERK
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 OCT - 7 PM 10:12

C. GOLDEN

OCT - 8 2020

COVER LETTER

* kprocess *

TO: Registration Section
Division of Corporations

SUBJECT: SUPREME PARTS REPAIRS, INC

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:

JAY ROMERO

Name of Person

WILLIAMS&MORRIS, P.A.

Firm/Company

8004 NW 154TH STREET STE 646

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

williamsmorrispa@hotmail.com

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

For further information concerning this matter, please call:

JAY ROMERO

786

256-6615

at ()

Name of Person

Area Code

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

2000-7-10: 1-2

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

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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)

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 10/6/2020

Leoncio Mubalabo

Signature of a member or authorized representative of a member

LEONCIO UBALDO

Typed or printed name of signee

Filing Fee: \$25.00