

7/6/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : S.LLANIO BUSINESS SERVICES INC
Account Number : I20200000011
Phone : (239)542-9104
Fax Number : (239)540-1760

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: S.llanio.business@gmail.com

2020 JUL -6 PM 1:10

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
31 CARDINAL DR LLC

| | |
|-----------------------|---------|
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JUL 07 2020
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

31 CARDINAL DR 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 03/09/2020 and assigned
Florida document number L20000077616.

This amendment is submitted to amend the following:

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

MOLINA REPAIR 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:

(Principal office address MUST BE A STREET ADDRESS)

1911 NE 15TH PL

CAPE CORAL, FL 33909

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1911 NE 15TH PL

CAPE CORAL, FL 33909

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:

1911 NE 15TH PL

Enter Florida street address

CAPE CORAL, Florida 33909

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

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

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) the effective date of the filing shall be the date of filing.

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 07/06, 2020

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

FELIX D MOLINA

Typed or printed name of signee