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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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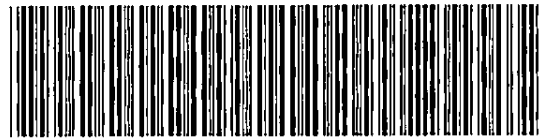
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FG COMPLETE AUTO CARE

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:

FRANCELIN GUERRIER

Name of Person

FG COMPLETE AUTO CARE

Firm/Company

5475 MAULE SUITE 22

Address

WEST PALM BEACH FLORIDA 33407

City/State and Zip Code

FGCOMPLETEAUTOCARE@GMAIL.COM

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

For further information concerning this matter, please call:

FRANCELIN GUERRIER

561 360 0742
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FG COMPLETE AUTO CARE

(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 APRIL 14 2023 and assigned Florida document number L20000081112.

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:

5475 MAULE WAY SUIT 22

(Principal office address MUST BE A STREET ADDRESS)

WEST PALM BEACH FLORIDA 33407

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5475 MAULE W #22
WEST PALM BEACH FL
33407

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 attending 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>
MGR	EVENS LAHENS	5138 ELPIKE WAY	<input type="checkbox"/> Add
		RIVIERA BEACH FLIRDA 33418	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NYVA ABEL	4767 N AUSTRALINAN AV APT 105	<input type="checkbox"/> Add
		WEST PALM BEACH FLORIDA 33407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANCELIN GUERRIER	4767 N AUSTRALIAN AV APT 105	<input checked="" type="checkbox"/> Add
		WEST PALM BEAC FLORIDA 33407	<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

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

IM FRANCELIN GUERRIER AND I SIGNE TO B THE NEW MGR OF FG COMPLETER AUTO CARE

[illegible]

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 _____,

Signature of a member or authorized representative of a member

FRANCELIN GUERRIER

Typed or printed name of signee