

L20 000127216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

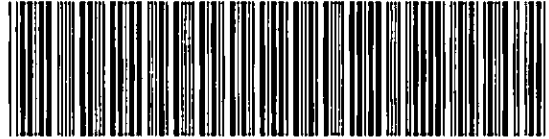
(Document Number)

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DEC 14 2020

2020-11-05 17:09:37

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Screaming Motors Paint and Repair 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:

Noel Martinez

Name of Person

Screaming Motors Paint and Repair LLC.

Firm/Company

3615 Lenox ave.

Address

Jacksonville FL 32254

City/State and Zip Code

Sefardi809@gmail.com

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

For further information concerning this matter, please call:

Noel Martinez

904

718-5483

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

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

Screaming Motors Paint and Repair 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 May 11 2020 and assigned Florida document number 1,20000127216.

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: Noel Martinez

New Registered Office Address: 3603 Lenox ave.

*Enter Florida street address*

Jacksonville Florida 32254  
*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUANA M MARTINEZ	3603 Lenox ave.	<input type="checkbox"/> Add
		jacksonville FL 32254	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	LIZZETTE MARTINEZ	4089 Savannah Glen Blvd.	<input type="checkbox"/> Add
		Orange park FL 32073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jose G Vidal	3603 Lenox ave.	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32254	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jomar Cintron Rodriguez	1591 Lane ave. s apt. c118	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**