

L20 000 175 342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

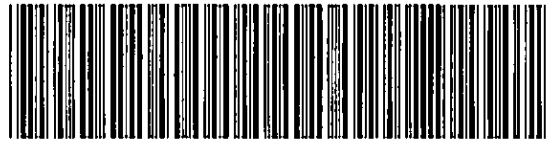
(Business Entity Name)

(Document Number)

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SEP 21 2020  
TALLAHASSEE, FL

2020 SEP 21 AM 11:39

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D BRUCE  
OCT 28 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUCK CITY CHROME AND PARTS OF TAMPA 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:

MARTHA L VILLAMIZAR

Name of Person

TRUCK CITY CHROME AND PARTS OF TAMPA LLC

Firm/Company

5278 GOLDEN GATE PKWY SUITE 1

Address

NAPLES FL 34116

City/State and Zip Code

MARTHA@TRUCKCITYCHROME.COM

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

For further information concerning this matter, please call:

MARTHA L VILLAMIZAR

305 496-4861

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

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TALLAHASSEE

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

TRUCK CITY CHROME AND PARTS OF TAMPA 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 06/23/2020 and assigned  
Florida document number L20000175342.

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)**

6371 CAUSEWAY BLVD

TAMPA FL 33619

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5278 GOLDEN GATE PARKWAY SUIT 1

NAPLES FL 34116

**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:

MARTHA I. VILLAMIZAR

New Registered Office Address:

6371 CAUSEWAY BLVD

*Enter Florida street address*

TAMPA

*City*

Florida

33619

*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

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TALLAHASSEE  
FL

**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	MARTHA L VILLAMIZAR	5278 GOLDEN GATE PARKWAY SUIT 1 NAPLES	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARTHA L VILLAMIZAR	5278 GOLDEN GATE PARKWAY SUIT 1 NAPLES	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2020 SEP 20 AM 11:39  
TALLAHASSEE, FL  
SECURITY OFFICE

2020 SEP 21 AM 11:39  
SECURITY UNIT  
TALLAHASSEE, FL

2020 SEP 21 AM 11:39  
SECURITY  
TALLAHASSEE, FL

(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 SEP 14 2020

MARTHA L VILLAMIZAR

Typed or printed name of signee