## L20000187-146

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





200362426242

03/29/21--01024--008 \*\*29.00





## **COVER LETTER**

	distration Section of Corpo					
CUDIFOT.	TORRES AU	TO SERVICE LLC	•			
SUBJECT:		Name of Limi	ted Liability Company			
The enclose	d Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please returi	all correspond	dence concerning this matter	to the following:			
		BARBARA FERNANDEZ	:			
			Name of Person			
		TAX AND TRUCK ZONE	ELLC		282	
			Firm/Company			:
		2 WEST MONUMENT A	VE SUITE 203	:•	.j	
		<del></del>	Address	,		:
		KISSIMMEE FL 34741		747 157 <del>78</del> 21		1
		· · · ·	City/State and Zip Code		2	
		TTZC.CS@GMAIL,COM				
			to be used for future annual report notification)	I		
For further i	nformation cor	ncerning this matter, please co	all;			
BARBARA	. FERNANDE2	<u></u>	407 201-3971 at ()		_	
	Name of I	Person	Area Code Daytime Teleph	ione 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)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &	
Re Di P.	ailing Address: egistration Se vision of Co O. Box 6327 Illahassee, FI	ection rporations	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	issee et, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TORRES AUTO	O SERVICE LLC				
( <u>Name of the Limited Lial</u> (A Flo	bility Company as it now apper rida Limited Liability Company)	ars on our records.)			
he Articles of Organization for this Limited Liability	y Company were filed on _	02 JULY 2020		and as	signed
lorida document number					
his amendment is submitted to amend the following	;				
a. If amending name, enter the new name of the l	imited liability company l	<u>here</u> :			
ORRES AUTO SERVICE & LOCKSMITH LLC					
he new name must be distinguishable and contain the words "l	Limited Liability Company," the	designation "LLC" or	the abbrev	iation "L	L.C."
Enter new principal offices address, if applicable:			•: •		
• •				1	-
Principal office address MUST BE A STREET AD	<u> </u>	-		ر ر	
				!	
Inter new mailing address, if applicable:			, , ,	÷."	
<u> </u>	_ <del></del>	<del></del>		<u></u>	
Mailing address MAY BE A POST OFFICE BOX)	<u></u>				
		<del></del>			
s. If amending the registered agent and/or registe	arad office address on our	records enter the	name of	the ne	w regist
s. If amending the registered agent and/or registered and/or the new registered office address her		records, enter the	manie of	the ne	" regise
	-				
Name of New Registered Agent:					
5					
New Registered Office Address:	Enter F	lorida street address	<del>-</del>		
	12/4167 7 1		_		
	City	, Floric		Zip Code	,
	Ciù.		•	up conte	

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 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>	Type of Action
		-	□Add
			□Remove
			□Change
			- Remove
			: ⊃ - ☐ Change
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□ Change