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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations		
	Diesel Repair LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre-	spondence concerning this matter	to the following:	
	Luis O. Cruz		
		Name of Person	
	Monster Diesel Repair LL	С	
		Firm/Company	
	11388 S US Hwy 301		
		Address	
	Belleview, Florida 34420		
		City/State and Zip Code	
	luiscruz397@gmail.com E-mail address: (to be used for future annual report no	tification)
For further informatio	n concerning this matter, please e	all:	
Luis O. Cruz		863 838-4845	
Nam	e of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check fo	r 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 Add Registratio		<u>Street Address:</u> Registration So	ection
Division of	f Corporations	Division of Co	orporations
P.O. Box 6	327	The Centre of	Tanahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Monster Diesel Repair LLC		
(Name of the Limited Liability Compa (A Florida Limited	<mark>any as it now appears on our record</mark> Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company	were filed on <u>07/09/2020</u>	and assigned
Florida document number L20000195875		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	
Enter new principal offices address, if applicable:	11388 S US HWY 301	202
(Principal office address MUST BE A STREET ADDRESS)	Belleview, Florida 34420	Juli
		00:
Enter new mailing address, if applicable:		至是已
(Mailing address MAY BE A POST OFFICE BOX)		26
	-	
B. If amending the registered agent and/or registered office a	address on our records, <u>enter</u>	the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	s
		orida
	Cùy	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>	Address	Type of Action
MMbr	Luis O. Cruz	14070 SE 92nd Court	□Add
		Summerfield, Florida 34491	□Remove
			■Change
Mbr	Brandon E. Larry	5219 CR 125	= Add
		Wildwood, Florida 34785	□Remove
			Change
			PAN.
			GRemove .
			Gbange □
			26 A □ Add
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Tective date, if other than the an effective date is listed, the date mus	st be specific and cannot be prior to date of filin	ng or more than 90 days after filing.) Pursuant to 6	05.020
ote: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable statutory epartment of State's records.	ry filing requirements, this date will not be fi	isted a
	re date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day at	fter th
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is filed.	2021		
ecord specifies a delayed effective is filed. I june 2nd ited	2021		
is filed. June 2nd	2021 Vis O. C~Z Signature of a member or authorized represent		

Filing Fee: \$25.00