

LZO 000 256897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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09/28/20--01005--019 **30.00

FILED
2020 SEP 28 PM 6:47
S. YOUNG
STATE OF CALIFORNIA
SUPERIOR COURT
SANTA ANA COUNTY

NOV 04 2020
S. YOUNG

COVER LETTER

Registration Section
Division of Corporations

ECT: Almeida Auto Body LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Tadeu Antunes De Almeida
Name of Person
Almeida Auto Body LLC
Firm/Company
4507-2 Sunbeam Rd.
Address
Saint Johns, FL 32257
City/State and Zip Code
almeidaautobody1@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucilla Centeno De Almeida 904 729-0901
Name of Person at () Daytime Telephone Number
Area Code

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**

Almeida Auto Body LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 08/20/2020 and signed
by the document number L20000256897.

FILED
2020 SEP 28 PM 6:47
CLERK OF THE COURT
JACKSONVILLE, FLORIDA

amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

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: 4507-2 Sunbeam Rd.
(Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL 32257
(Only the zip code needs to be corrected)

Enter new mailing address, if applicable: _____
(Mailing address MAY BE A POST OFFICE BOX) _____

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*

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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
moved from our records:

M = Manager
R = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Tadeu Antunes De Almeida	822 Southern Creek Dr	<input checked="" type="checkbox"/> Add
	Saint Johns, FL 32259	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
Priscilla Centeno De Almeida	822 Southern Creek Dr.	<input type="checkbox"/> Add
	Saint Johns, FL 32259	<input type="checkbox"/> Remove
		<input checked="" 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
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

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

Please correct zip code on business address. Change AP to Tadeu Antunes De Almeida as he is the owner

of the business and only employee. Change Priscilla Centeno De Almeida to be MGR in case Mr. De Almeida

is not available I can be reached.

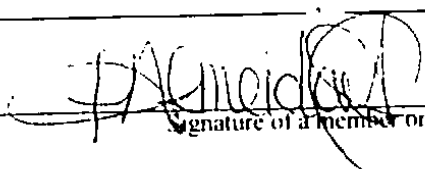
Effective date, if other than the date of filing: _____ (optional)

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.

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 September 23rd 2020



Signature of a member or authorized representative of a member

Priscilla Centeno De Almeida

Typed or printed name of signee