

11/1/23, 12:26 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

H230003806743

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230003806743))



H230003806743ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.  
Account Number : I20010000121  
Phone : (305)758-9001  
Fax Number : (786)410-6035

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: CORPORATIONS@DCS-NETWORK.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE KING SMALL ENGINE SERVICE & REPAIRS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help LEMIEUX

NOV - 3 2023

DocuSign Envelope ID: 51389515-12B4-49D9-A7D4-E5649DB49B94

H230003806743

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE KING SMALL ENGINE SERVICE & REPAIRS 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 12/07/2020 and assigned  
Florida document number L20000380811

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:

2650 FOWLER ST FT. MYERS, FL 33901

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2650 FOWLER ST FT. MYERS, FL 33901

(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:

LUIS IGNACIO MORENO JR.

New Registered Office Address:

2650 FOWLER ST

*Enter Florida street address*

FT. MYERS

*City*

Florida

33901

*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

#230003806743

DocuSign Envelope ID: 51389515-1284-49D9-A7D4-E5649DB498B4

**If an existing 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	LUIS IGNACIO MORENO JR.	2650 FOWLER ST	<input type="checkbox"/> Add
		FT. MYERS, FL 33901	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JOSE E. PAVON GUERRERO	2407 FOWLER STREET	<input type="checkbox"/> Add
		FORT MYERS, FL 33901	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DocuSign Envelope ID: 51389515-12B4-49D9-A7D4-E5648DB49B94

H230003806743

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

[illegible]

**F. 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.

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 10/24/2023, Luis moreno

- Designated by:

Signature of a member or authorized representative of a member

LUIS IGNACIO MORENO JR.

Typed or printed name of signee

**Filing Fee: \$25.00**