

L21000027979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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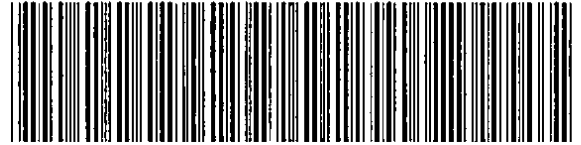
(Business Entity Name)

(Document Number)

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2023 JUN 13 PM 2:15
CLERK OF STATE
TALLAHASSEE, FL

R. HUNT
06/13/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AF Motor Car 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:

Alfredo A Finol Sanchez
Name of Person

AF Motor Car LLC
Firm Company

6500 Hoffner Av
Address

Orlando FL 32822
City/State and Zip Code

Info@afmotorcar.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Alfredo Finol at (786) 720 5903
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

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

AF Motor Car 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 01-12-2021 and assigned
Florida document number L21000027979.

This amendment is submitted to amend the following:

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

AF Motor car LLC

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)

6500 Hoffner Ave

Orlando FL 32822

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6500 Hoffner Ave

Orlando FL 32822

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:

Alfredo A Finol Sanchez

New Registered Office Address:

6500 Hoffner Ave

Enter Florida street address

Orlando

City

Florida

32822

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.

Alfredo Finol

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>	<u>Address</u>	<u>Type of Action</u>
AP	Danielac Finol Gutierrez		<input type="checkbox"/> Add
		9600 NW 25 St site 6D	<input checked="" type="checkbox"/> Remove
		Doral FL 33172	<input type="checkbox"/> Change
MGR	Edibeth del Carmen, Gutierrez de Finol	9600 NW 25 St site 6D	<input checked="" type="checkbox"/> Add
		Doral FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL
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CLERK OF STATE
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.

Alfredo Finol
Signature of a member or authorized representative of a member

Alfredo Finol
Typed or printed name of signee