

k21000035999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

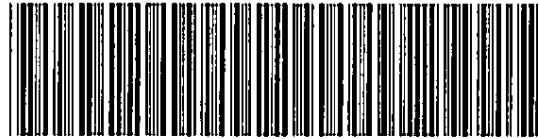
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900368903599

07/14/21--01027--002 **30.00

FILED
2021 AUG 16 AM 11:44
CLERK OF STATE
TALLAHASSEE, FL

10/17/21
2:00 PM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 AUG 16 PM 3:23

August 2, 2021

NESTOR PERSZ AVILES
489 STARRATT RD LOT 6
JACKSONVILLE, FL 32218

SUBJECT: ARTISTIC AUTO LLC
Ref. Number: L21000035999

We have received your document for ARTISTIC AUTO LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 921A00018095

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARTISTIC AUTO 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:

NESTOR PEREZ AVILES

Name of Person

ARTISTIC AUTO LLC

Firm/Company

489 STARRATT RD LOT 6

Address

JACKSONVILLE, FL 32218

City/State and Zip Code

nestitorx7@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NESTOR PEREZ AVILES

Name of Person

at (904) 428-3993

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

ARTISTIC AUTO 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 01/19/2021 and assigned
Florida document number 1.21000035999.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2021 AUG 16 AM 11:44
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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:

NESTOR PEREZ AVILES

New Registered Office Address:

6457 FORT CAROLINE RD

Enter Florida street address

JACKSONVILLE

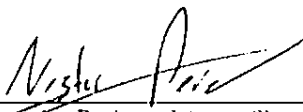
Florida 32277

City

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>	<u>Address</u>	<u>Type of Action</u>
MGR	EDGAR SANTIAGO	8291 DAMES POINT CROSSING BLVD APT 4208	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NESTOR PEREZ AVILES	489 STARRATT RD LOT 6	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Ed S. Go
Signature of a member or authorized representative of a member

Edgar Santiago Saéz
Typed or printed name of signee

Filing Fee: \$25.00