L21000074265

(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:





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2021 MAR 11 A 11: 51

		COVER LETTER		
TO: Registration S Division of Co				
	S FLORIDA LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	•		
	PABLO RAMOS			
		Name of Person		
	PR AUTOS FLORIDA LI	LC		
		Firm/Company		
	6151 PALM TRACE LAN	NDINGS DR APT 317		
		Address		
	DAVIE FL 33314			
		City/State and Zip Code		
	PABLORAMOS0401@GM			
		to be used for future annual report notificat	ion)	
For further information of	oncerning this matter, please co	all:		
fernando m torres		954 9992300		
Name o	f Person	at () Area Code Daytime Tel	Icphone Number	
Enclosed is a check for the	ne following amount:		22.2	CD
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclused)	Certificate of Status & Certified Copy (additional copy is enclosed)	7
Mailing Address Registration S	Section	Street Address: Registration Section		ED

Division of Corporations P.O. Box 6327

Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Life Florida document number L21000074265	lability Company were filed on 02/12/21	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if application	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I		
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter the nam</u> s here:	ne of the new registered
Name of New Registered Agent:	Pedro Ramos (change of last name)	
New Registered Office Address:	no change in address	Ha s
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:	
provisions of all statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I further ager and complete performance of my duties, and I am jetered agent as provided for in Chapter 605, F.S. Or, egistered office address, I hereby confirm that the linchange.	familiar with and If this detanent is

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

Title	Name	Address	Type of Action	
ambr	Pedro Ramos (last name)	no change in address		
			Remove	
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			Remove	

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etive date, if other than the date of fill flective date is listed, the date must be specific. If the date inserted in this block does not ment's effective date on the Department of	ing: and cannot be prior to date of timeet the applicable sta if State's records.	f filing or more than 90 da utory filing requireme	(optional) lys after filing.) Para nts, this date will	punt to 605.020' not be fished as
rd specifies a delayed effective date, but r filed.	not an effective time, at 1	2:01 a.m. on the earlie	r of: (b) The 90t	h day-after the
03/04/2021		1	i i ORID	A 11: 55
Signature	11000			<u>~</u>
Signature of	a member of authorized re-	resentative of a member		

Filing Fee: \$25.00