

L21000082206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

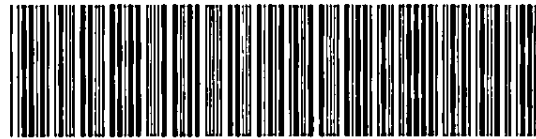
(Document Number)

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21 APR -2 PM 2:49  
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OFFICE OF THE CLERK  
STATE OF NEW YORK

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SAE Service Repairs 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:

OSVANY CEDENO

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

15584 SW 151 STREET

\_\_\_\_\_  
Address

MIAMI, FL 33196

\_\_\_\_\_  
City/State and Zip Code

cedeno1216@gmail.com

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

For further information concerning this matter, please call:

OSVANY CEDENO

786 523-8814  
at ( )

\_\_\_\_\_  
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

U.S. DEPARTMENT OF JUSTICE  
DIVISION OF CONFESSIONS

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

**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

FLORIDA DEPARTMENT OF  
TRANSPORTATION  
DIVISION OF CONSTRUCTION

21 APR -2 PM 2:19  
Type of Action

| <u>Title</u> | <u>Name</u>   | <u>Address</u>      |  |
|--------------|---------------|---------------------|--|
| P            | OSVANY CEDENO | 15584 SW 151 STREET | <input type="checkbox"/> Add               |
|              |               | MIAMI, FL 33196     | <input checked="" type="checkbox"/> Remove |
|              |               |                     | <input type="checkbox"/> Change            |
| AMBR         | OSVANY CEDENO | 15584 SW 151 STREET | <input checked="" type="checkbox"/> Add    |
|              |               | MIAMI, FL 33196     | <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            |
|              |               |                     | <input type="checkbox"/> Add               |
|              |               |                     | <input type="checkbox"/> Remove            |
|              |               |                     | <input type="checkbox"/> Change            |

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

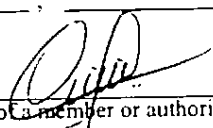
AMENDING THE TITLE OF THE OFFICER FROM PRESIDENT TO AUTHORIZED MEMBER, I WENT  
TO OPEN A BANK ACCOUNT AND THEY REQUIRED THE CHANGE. BECAUSE THE COMPANY IS  
REGISTERED AS SOLE PROPRIETORSHIP ON THE IRS.

21 APR -2 PM 2:49  
OFFICE OF THE CLERK  
DEPARTMENT OF STATE

**E. Effective date, if other than the date of filing:** 03/22/2021 **(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 03/22/2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

OSVANY CEDENO

\_\_\_\_\_  
Typed or printed name of signer