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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Full throttle Repair 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:
Hermis Gon Zalez
Full throttle Repair LLC.
5831 Sheridan St
City/State and Zip Code  WG 62 6698 @ Grand . Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Sport 2016 at (939) 216-6500  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

(Name of the Limited Liability Compan	Repair	~ LLC,
(A Florida Limited Li	y as it now appears on ability Company)	our records.)
The Articles of Organization for this Limited Liability Company v	vere filed on2	15 /202 and assigned
Florida document number <u>L 2 1000 119889</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Al In		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the design	ation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		,
		ان
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· ·
P. If we have the state of the		
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	idress on our recor	as, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida si	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	erformance of my o ovided for in Chap	hities, and I am familiar with and ter 605, F.S. Or, if this document is

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>	Address	Type of Action
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		MOTHWOOD \$1, 33021	□Remove
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on effective date is li ote: If the date in	other than the date of sted, the date must be spe- serted in this block do be date on the Departm	cific and canno es not meet th	it be prior to d ie applicable	ate of filing or i	nore than 90 day	(optional) ys after filing.) its, this date v	Pursuant to 605.020 vill not be listed a
record specifies a distribution is filed.	delayed effective date,	but not an eff	fective time,	at 12:01 a.m.	on the earlier	of: (b) The	90th day after the
		2	ou.				
ated <u>Aug</u>	105+ 10-		)				

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Filing Fee: \$25.00