

KZ1 000124695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

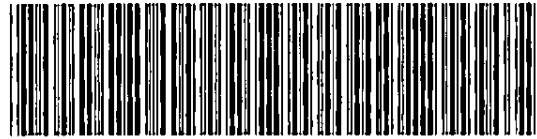
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21 APR - 1 PM 12:23

DEPT. OF STATE
BUREAU OF CONS. AFFAIRS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FG DIESEL 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:

CLARA A GARCIA

Name of Person

Firm/Company

630 CABRERA STREET

Address

KEY LARGO, FL 33037

City/State and Zip Code

DIESELSHOP2020@GMAIL.COM

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

For further information concerning this matter, please call:

CLARA A GARCIA

914 2306774
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

THE STATE OF CALIFORNIA
DIVISION OF CORRECTIONS

(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
DIVISION OF CONVEYANCE

<u>Title</u>	<u>Name</u>	<u>Address</u>	21 APR -1 PM 12: 23	<u>Type of Action</u>
PRES	FLAVIO S GARCIA	630 CABRERA STREET		<input checked="" type="checkbox"/> Add
		KEY LARGO FL 33037		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
PRES	CLARA A GARCIA	630 CABRERA STREET		<input type="checkbox"/> Add
		KEY OLARGO FL 33037		<input checked="" type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

21 APR -1 PM 12: 23

E. Effective date, if other than the date of filing: _____ (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 MARCH 29 2021

Signature of a member or authorized representative of a member

Clara A Garcia

Typed or printed name of signee

Filing Fee: \$25.00