

K21 000 187769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

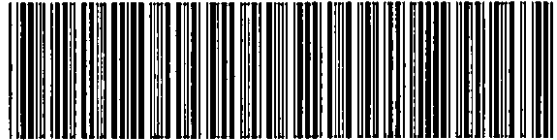
(Business Entity Name)

(Document Number)

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06/24/21--01011--003 **30.00

2021 JUN 24 PM 2:57

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Austin Powers Machinery 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:

Amed Almaguer
Name of Person

Austin Powers Machinery
Firm/Company

6925 W 19 Ct
Address

Hialeah FL 33014.
City/State and Zip Code

AustinPowersMachinery@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alena Hernandez at (305) 790-1602.
Name of Person 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
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Artin Powers Machinery LLC.
(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Amed Almaguer	6925 W 19 st	<input checked="" type="checkbox"/> Add
		Hialeah FL 33014.	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Aleuci Hernandez	6925 W 19 st	<input checked="" type="checkbox"/> Add
		Hialeah FL 33014.	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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.

Signature of a member

Amed Almaguer

Typed or printed name of signee