

L21 000251620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

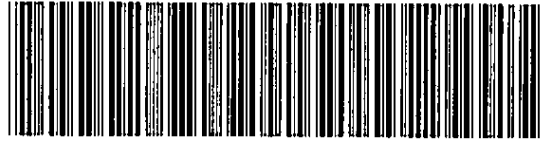
(Document Number)

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2021 OCT 28 PM 2:27
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TOLSON, VA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MILO AUTO REPAIR SERVICE 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:

HERMILO LOPEZ MARTINEZ
Name of Person

MILO AUTO REPAIR SERVICE LLC
Firm/Company

915 E. FLETCHER AVE
Address

TAMPA, FL 33612
City/State and Zip Code

HMIL01967@gmail.com mytaxesinflorida@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROCIO YNGA at (813) 817 7016
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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2021 OCT 26 PM 2:27

SECRETARY OF STATE

MILO AUTO REPAIR SERVICE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06-01-2021 and assigned Florida document number L21000251620.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: HERMILO LOPEZ MARTINEZ

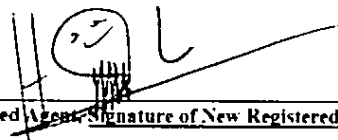
New Registered Office Address: 915 E. FLETCHER AVE (SAME AS BEFORE)

Enter Florida street address

TAMPA, Florida 33612
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



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>
<u>MGR</u>	<u>LOPEZ MARTINEZ</u> <u>HERMILIO</u>	<u>915 E. FLETCHER AVE</u>	<input type="checkbox"/> Add
		<u>TAMPA FL 33612</u>	<input checked="" type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>LOPEZ MARTINEZ</u> <u>HERMILO</u>	<u>915 E. FLETCHER AVE</u>	<input checked="" type="checkbox"/> Add
		<u>TAMPA FL 33612</u>	<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.)*

THE WHOLE PURPOSE OF THIS FORM IS TO CHANGE
MY NAME FROM HERMILIO LOPEZ MARTINEZ TO MY
CORRECT NAME WHICH IS HERMILO LOPEZ MARTINEZ.
WHEN MY COMPANY MILO AUTO REPAIR SERVICE LLC
WAS INITIALLY SET UP A MISTAKE WAS MADE WITH
MY FIRST NAME. HERMILIO WAS USED (INCORRECT)
INSTEAD OF USING HERMILO (CORRECT NAME).
SO, I NEED TO CHANGE TO MY CORRECT NAME
OF HERMILO ANYWHERE IN THE DETAILS OF
MILO AUTO REPAIR SERVICE LLC ON SUNBIZ.ORG

I ALSO ENCLOSE A COPY OF MY ID WITH MY
CORRECT NAME.

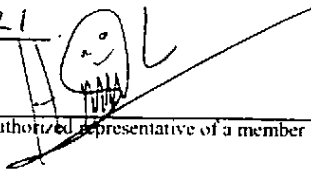
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 10/21, 2021



Signature of a member or authorized representative of a member

HERMILO LOPEZ MARTINEZ

Typed or printed name of signee