

L21000266555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

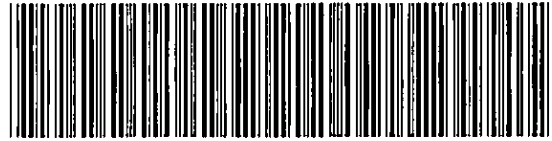
(Business Entity Name)

(Document Number)

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12/21/23--01013--001 \*\*35.00

FILED  
2024 NOV -4 AM 8:11  
CLERK OF COURT  
CLERK OF COURT

A. RAMSEY

NOV 22 2024

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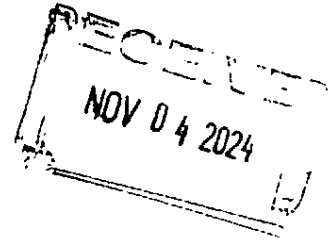




FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2024

JOHNNY SILVA  
SMS FINANCIAL, INC.  
13155 SW 134TH STREET, SUITE 107  
MIAMI, FL 33186-4487



SUBJECT: CARDO ELECTRIC REPAIRS AND SERVICES, LLC.  
Ref. Number: L21000266555

We have received your document for CARDO ELECTRIC REPAIRS AND SERVICES, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
OPS

Letter Number: 524A00001045



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CARDO ELECTRIC REPAIRS AND SERVICES, 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:

JOHNNY SILVA

Name of Person

SMS FINANCIAL, INC.

Firm/Company

13155 SW 134TH STREET, STE 107

Address

MIAMI, FL 33186-4487

City/State and Zip Code

JOHNNYS@SMSFINANCIAL.INFO

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

For further information concerning this matter, please call:

JOHNNY SILVA

305 924-0312  
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



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

**2024 NOV -4 AM 8:11**

CARDO ELECTRIC REPAIRS AND SERVICES, LLC.

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

CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/08/2021 and assigned  
Florida document number L21000266555.

This amendment is submitted to amend the following:

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

CARDO REPAIRS AND SERVICES, L.L.C.

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

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**

[illegible]



[illegible]

**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.

Dated OCTOBER 29TH, 2024.

Typed or printed name of signee