

L21 000301915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/6/21

Office Use Only



800373999488

09/28/21--01020--009 **25.00

SEP 28 PM 12:14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AUTOMAQUINARIAS 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:

CARLOS BISIO

Name of Person

FASTFORWARD TRADING COMPANY LLC

Firm/Company

1845 NW 112 TH AVENUE STE 203, MIAMI FLORIDA

Address

33172

City/State and Zip Code

info@fastfwdus.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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

201 SEP 28 PM 12:41

(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	KATHERINE VIDAL SANCHEZ	1845 NW 112TH AVENUE STE 203	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ROBERTO C MERINO ASCARRI	1845 NW 112TH AVENUE STE 203	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PAOLA R DIAZ SALGADO	1845 NW 112TH AVENUE STE 203	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GUILLERMO ROMERO NUNEZ	1845 NW 112TH AVENUE STE 203	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[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 **SEPTEMBER 21**

2021

1220

Signature of a member or authorized representative of a member

EDUARDO Z DORDEVIC NUNEZ, MANAGER

Typed or printed name of signee