

L 21000347341

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC
Account Number : I20140000003
Phone : (407)932-0040
Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CLINIC CARS & TRUCK USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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2021 AUG 16 PM 4:57

ALLAHASSEE, FLORIDA

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ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLINIC CARS & TRUCKS USA 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:

JOSE CASTELLANO MARTINEZ

Name of Person

CLINIC CARS & TRUCKS USA LLC

Firm/Company

487 THROPE RD

Address

ORLANDO, FL 32824

City/State and Zip Code

CLINICCARSTRUCKUSALLC@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE CASTELLANO MARTINEZ

Name of Person

at (689)

Area Code

808-1893

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**

Clinic Cars & Truck USA 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 08/02/2021 and assigned Florida document number L21000347341.

This amendment is submitted to amend the following:

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

Clinic Cars & Trucks USA LLC

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)

487 Thorpe Rd
Orlando, FL 32824

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

487 Thorpe Rd
Orlando, FL 32824

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:

Edgar A. Fuentes Benavides

New Registered Office Address:

5550 E. Michigan St apt 2321

Enter Florida street address

Orlando, Florida 32822

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.

EDGAR FUENTES

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	Edgar A. Fuentes Benavides	5550 E. Michigan St	<input type="checkbox"/> Add
		Apt 2321	<input type="checkbox"/> Remove
		Orlando, FL 32822	<input checked="" type="checkbox"/> Change
Ambr	Jose A. Castellano Martinez	7225 Crossroads Garden Dr	<input type="checkbox"/> Add
		Apt 4219	<input type="checkbox"/> Remove
		Orlando, FL 32821	<input checked="" type="checkbox"/> Change
Ambr	Jose G. Rincon Moran	5550 E. Michigan St	<input type="checkbox"/> Add
		Apt 2321	<input type="checkbox"/> Remove
		Orlando, FL 32822	<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN 87-1981868

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 08/16/2021, 2021

Signature of a member or authorized representative of a member

JOSÉ ALBERTO CASTELLANO MARTÍNEZ

Typed or printed name of signee

2021 AUG 16 PM 12:54
STATE OF FLORIDA
TALLAHASSEE, FL 32304

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