

H21000376895

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GONZALEZ & ASSOCIATES III PA
Account Number : 120190000077
Phone : (954)773-7286
Fax Number : (954)526-8825

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

Email Address: AGONZALEZ@AMEFINANCIALGROUP.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIC SERVICES ADN REPAIRS LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

SEP 02 2021

A. LUNT

2021 SEP -1 AM 10:12

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TALLAHASSEE, FLORIDA

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COVER LETTER

#21000326518 3

TO: Registration Section
Division of Corporations

SUBJECT: SIC SERVICES AND REPAIRS 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:

ANTONIO J GONZALEZ

Name of Person

GONZALEZ & ASSOCIATES III PA

Firm/Company

1820 N CORPORATE LAKE BLVD SUITE 107

Address

WESTON, FL 33326

City/State and Zip Code

agonzalez@amefinancialgroup.com

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

For further information concerning this matter, please call:

ANTONIO J GONZALEZ

954 773-7286

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

H21000326518 3

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

H21000326518 3

SIC SERVICES ADN REPAIRS LLC

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

FILED
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
2021 AUG 31 PM 10:17

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned
Florida document number L21000376895

This amendment is submitted to amend the following:

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

SIC SERVICES AND REPAIRS 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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

H21000326518 3

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

H21000326518 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GABRIEL A. SIC GOMEZ	251 NE 10th ST APT 203	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33030	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H21000326518 3

H21000326518 3

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

N/A

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RECORDS & CLERK
DIVISION OF STATE
2021 AUG 31 AM 10:17

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

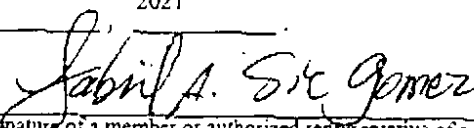
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 AUGUST 31,

2021


Signature of a member or authorized representative of a member

GABRIEL A. SIC GOMEZ

Typed or printed name of signer

H21000326518 3

Filing Fee: \$25.00