

L2100004123080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2023 APR 17 AM 8:18  
CLERK OF STATE  
T. J. MCKEE, CL.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2023

JOSE REYES  
2700 MICHIGAN AVE, UNIT E  
KISSIMME, FL 34744 US

SUBJECT: MR. PRIUS MECANIC SHOP LLC  
Ref. Number: L21000423080

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Vonterica S Williams  
REGULATORY SPECIALIST II

Letter Number: 423A00007084

RECEIVED  
2023 APR 17 PM 2:25  
REGULATORY  
SPECIALIST  
SQUAD

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MR. PRIUS MECANIC SHOP LLC

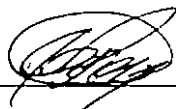
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE REYES

\_\_\_\_\_  
Name of Person



\_\_\_\_\_  
Firm/Company

2700 MICHIGAN AVE UNIT E

\_\_\_\_\_  
Address

KISSIMME, FLORIDA 34744

\_\_\_\_\_  
City/State and Zip Code

MRPRIUSMECHANICSHOPLLC@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE REYES

321

888-7059

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**

MR. PRIUS MECANIC SHOP 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 09/24/2021 and assigned  
Florida document number L21000423080.

This amendment is submitted to amend the following:

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

MR. PRIUS MECHANIC SHOP 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

FILED  
2023 APR 17 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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\_\_\_\_\_ ☐ Add

[Remove](#)

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[Remove this item](#)

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☐ Change

[illegible]

(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)

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 JANUARY 19, 2023

Signature of a member or authorized representative of a member

JOSE REYES

Typed or printed name of signee