

121000446882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

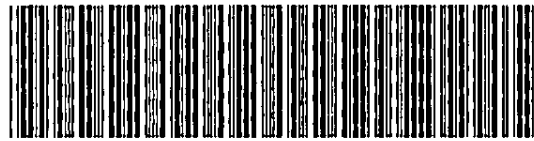
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A. BUTLER

DEC 15 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EL VECCHIO MOTORS 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:

ARIOSTO CANEPA

Name of Person

EL VECCHIO MOTORS LLC

Firm/Company

9050 NW 28TH ST #134

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

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

For further information concerning this matter, please call:

ROSELLA RACERES

Name of Person

at

951

Area Code

2355069

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

EL VECCHIO MOTORS 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 10/13/2021 and assigned
Florida document number L 21000446882

This amendment is submitted to amend the following:

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

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

City

Florida

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>
<u>MGR</u>	<u>ROSELLA M. CACERES</u>	<u>9050 NW 28TH ST # 134</u>	<input type="checkbox"/> Add
		<u>CORAL SPRINGS, FL 33065</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>A RIOSTO F. CANEPA</u>	<u>9050 NW 28TH ST # 134</u>	<input checked="" type="checkbox"/> Add
		<u>CORAL SPRINGS, FL 33065</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>S</u>	<u>ROSELLA M. CACERES</u>	<u>9050 NW 28TH ST # 134</u>	<input checked="" type="checkbox"/> Add
		<u>CORAL SPRINGS, FL 33065</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>P</u>	<u>ARIOSTO F. CANEPA</u>	<u>SAME AS ABOVE</u>	<input checked="" 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
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		_____	<input type="checkbox"/> Change

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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) If an effective date is listed, it must comply with the applicable statutory filing requirements; this date will not be listed as the

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 November 26th, 2022

Signature of a member or authorized representative of a member

ROSELLA M. CACERES

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2022

ARIOSTO F. CANEPA
9050 NW 28TH STREET
#134
CORAL SPRING, FL 33065

SUBJECT: EL VECCHIO MOTORS LLC
Ref. Number: L21000446882

We have received your document for EL VECCHIO MOTORS LLC and your check(s) totaling \$43.75. ✓ However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a INCORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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

SHANTELL BROWN
OPS CLERK

Letter Number: 622A00025715

2022 DEC 15 PM 6:44