

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L21000581990**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000326798 3)))



H220003267983ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

STATE OF FLORIDA
DIVISION OF CORPORATIONS
ALLAHASSET.FL

2022 SEP 21 AM 9:54

FILED

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

Email Address: Accountant@taxzonefl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
R&J TRUCK REPAIR LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

C. BRUMBLEY
SEP 23 2022

2022 SEP 21 11:41

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R&J TRUCK REPAIR 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:

ED KOTLER

Name of Person

TAX ZONE INC

Firm/Company

3865 COMMUNITY CIR STE 4

Address

ORLANDO, FL 32819

City/State and Zip Code

ACCOUNTANT@TAXZONEFL.COM

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

For further information concerning this matter, please call:

ED KOTLER

407

888-3131

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

R&J TRUCK REPAIR 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 12/20/2021 and assigned
Florida document number L21000531990

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)

3517 US HWY 17-92 N
DAVENPORT, FL 33837

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3517 US HWY 17-92 N
DAVENPORT, FL 33837

FILED
2022 SEP 21 AM 9:54
CLERK 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:

3517 US HWY 17-92 N

Enter Florida street address

DAVENPORT

City

Florida

33837

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>
MGR	PASTOR, ELIDE J, SR	3908 WINONA DR	<input type="checkbox"/> Add
		ORLANDO, FL 32812	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HILARIO, RICARDO A, SR	3517 US HWY 17-92 N	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33837	<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
			<input 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

[illegible]

Filing Fee: \$25.00