

L220000029493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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LLC N/C Amend

04/15/23 -01010--001 **25.00

W23-76476

2023 JUN -9 PM 12 21
CLERK OF STATE
OF ARKANSAS

FILED

A. RAMSEY

JUN 09 2023

*00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2023

IVAN COTAYO
MIAMI FLOW RENTALS LLC
12359 SW 249TH ST
HOMESTEAD, FL 33032

SUBJECT: MIAMI FLOW RENTALS LLC
Ref. Number: L22000029493

We have received your document for MIAMI FLOW RENTALS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A member or authorized representative of a member must sign and put the date in the space provided on the last page of the amendment form.

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.

Annette Ramsey
OPS

Letter Number: 623A00012348

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Flow Rentals 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:

Ivan COTAYO
Name of Person
Miami Flow Rentals LLC
Firm/Company
12359 sw 249th st
Address
Homestead, FL 33032
City/State and Zip Code
IvanCotayo@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivan COTAYO at (786) 804-2191
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2023 JUN -9 PM 2 27

Miami Flow Rentals LLC

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

NOTARY OF STATE
TAMM BASSETT, FLOPP

The Articles of Organization for this Limited Liability Company were filed on 01-13-2022 and assigned
Florida document number L22000029493.

This amendment is submitted to amend the following:

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

Perfection Auto Spa 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A
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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 6-9-2023,

Signature of a member or authorized representative of a member

Ivan COTAYO
Typed or printed name of signee

Filing Fee: \$25.00