

122 000045126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

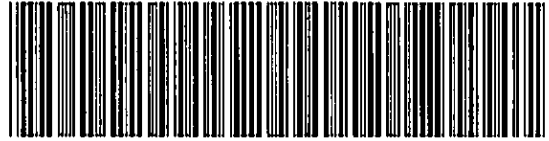
(Business Entity Name)

(Document Number)

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2022 MAR -7 PM 12:07  
CLERK OF COURT  
JUDICIAL DISTRICT OF ALABAMA  
MONTGOMERY, AL

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

KING'S CROSS STATION LLC

SUBJECT: \_\_\_\_\_  
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:

LAKHSMI MARTINEZ

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

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

3330 FAIRCHILD GARDENS AVE, UNIT 31142

\_\_\_\_\_  
Address

PALM BEACH GARDENS, FL 33420

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

LDUKHARAN@ROADONEDEALERSERVICES.COM

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

For further information concerning this matter, please call:

LAKHSMI MARTINEZ

305

684-7222

\_\_\_\_\_  
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

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2022 MAR -7 PM 12:07  
TALLAHASSEE, FL  
SECRETARY OF STATE

\_\_\_\_\_ and assigned

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

**This amendment is submitted to amend the following:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

FORT PIERCE, FL 34982

**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	ROAD ONE DEALER SERVICES, INC	3330 FAIRCHILD GARDENS AVE. #31142	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33420	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	ROBERT ANTHONY MARTINEZ	2627 DENNIS AVE SE,	<input checked="" type="checkbox"/> Add
		Palm Bay, FL 32909	<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"/> Remove
			<input type="checkbox"/> Change

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

Remove Road One Dealer Services, INC as MGR

Add Robert Anthony Martinez as AR

Change physical address to:

3259 Oleander Ave, Number B4

Fort Pierce, FL 34982

03/03/2020

**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 \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Lakshmi Martinez

\_\_\_\_\_  
Typed or printed name of signee