

122000057951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

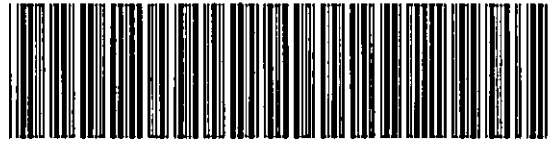
(Business Entity Name)

(Document Number)

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02/25/22--01012--006 **30.00

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2021 FEB 25 AM 7:26
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR - 7 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: zoe AUTO 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:

Wadnez Vincent
Name of Person

zoe AUTO REPAIR LLC
Firm/Company

501 Ave C SW
Address

WINTER HAVEN, FL 33880
City/State and Zip Code

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

For further information concerning this matter, please call:

Wadnez Vincent at (888) 595-8655
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

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

2021 FEB 25 AM 7:26

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/03/2022 and assigned Florida document number L22000057901.

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 "L.L.C." 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

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Effective date, if other than the date of filing: 02/16/2025 (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 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.

Wadney Vincent
Signature of a member or authorized representative of a member

Wadner Vincent
Typed or printed name of signer

[Clear Form](#)**WELLS
FARGO**

Authorization for Information and Certificate of Authority

In connection with a Business Account Application

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Business Account Applicant

Legal Name of Business Entity (Include DBA name if applicable)

Zoe Auto Repair, LLC

Section 1: Authorization for Information in Connection with a Business Account Application

Signature Capture – Owners/Key Individuals with control (i.e., authority or influence) over the entity's structure, policies, and philosophies. By signing this form, I authorize Wells Fargo Bank, N.A. ("the Bank") to obtain verifications and reports from time to time, such as credit bureau reports and account status reports on me as an individual, in connection with the business account application for the above-named business and any other account applications by this business. I understand the Bank requests this information for legitimate business reasons including reducing fraudulent accounts and preventing access to financial information and accounts by unauthorized persons. Should the information obtained from any such report cause the Bank to deny the account application for the business, I also authorize the Bank to communicate, either explicitly or implicitly, to any co-applicant and to any co-owner, director, officer, or employee of the business that the denial was based in whole or in part on such information. I also authorize the Bank to use such information and to share it with its affiliates in order to determine whether the business is qualified for other products and services offered by the Bank and its affiliates.

| | | |
|---|---------------------|---------------------------------|
| Print Full Legal Name of Owner/Key Individual (1) | | Owner 1 Percentage of Ownership |
| <u>Wadnez Vincent</u> | | <u>100%</u> |
| Position/Title Select one | Phone Number | Social Security Number (SSN) |
| <u>Owner/Operator</u> | <u>863-554-8917</u> | |
| Signature | | Date Signed (MM/DD/YYYY) |
| <u>Wadnez Vincent</u> | | <u>02/21/2022</u> |

| | | |
|---|--------------|---------------------------------|
| Print Full Legal Name of Owner/Key Individual (2) | | Owner 2 Percentage of Ownership |
| | | |
| Position/Title Select one | Phone Number | Social Security Number (SSN) |
| | | |
| Signature | | Date Signed (MM/DD/YYYY) |
| | | |

| | | |
|---|--------------|---------------------------------|
| Print Full Legal Name of Owner/Key Individual (3) | | Owner 3 Percentage of Ownership |
| | | |
| Position/Title Select one | Phone Number | Social Security Number (SSN) |
| | | |
| Signature | | Date Signed (MM/DD/YYYY) |
| | | |

| | | |
|---|--------------|---------------------------------|
| Print Full Legal Name of Owner/Key Individual (4) | | Owner 4 Percentage of Ownership |
| | | |
| Position/Title Select one | Phone Number | Social Security Number (SSN) |
| | | |
| Signature | | Date Signed (MM/DD/YYYY) |
| | | |

Required Signature(s): At least one individual owner, partner, or key executive with authority and control over the business must sign. For jointly owned sole proprietorships, both owners must sign.

| | | | |
|--------------------------------------|--|---|--|
| Signature 1 <i>Wadney Vincent</i> | Print Full Legal Name <i>Wadney Vincent</i> | Title/Position <i>Owner/Operator</i> | Date (MM/DD/YYYY) <i>02/21/2022</i> |
| Signature 2 | Print Full Legal Name | Title/Position | Date (MM/DD/YYYY) |

Section 5: Substitute Form W-9, Request for Taxpayer Identification Number and Certification

Taxpayer Identification Number: Enter either the Employer Identification Number or the Social Security Number that the business named above will use for IRS Tax Identification purposes. **Do Not Enter Both Identification Numbers.**

| | | |
|---|----|--|
| EIN: <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> | OR | SSN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---|----|--|

Select the appropriate option for federal tax classification (required):

- ☒ Individual/sole proprietor or single-member LLC
 ☐ C Corporation
 ☐ S Corporation
 ☐ Partnership
 ☐ Trust/Estate
☐ Limited Liability Company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership) ►

Note: For a single-member LLC that is disregarded, do not check LLC; select the appropriate option above for the tax classification of the single-member owner.

☐ Other _____

Certification: Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (as defined in instructions), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Does not apply to accounts within the U.S.)

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. For help with this Section 5, refer to the IRS Form W-9 instructions at the IRS website (www.irs.gov).

Note: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

| | |
|---|--|
| Signature of U.S. Person <i>Wadney Vincent</i> | Date (MM/DD/YYYY) <i>02/21/2022</i> |
|---|--|

Section 6: All Authorized Signers on the Account

Section 6a: Individuals included in Section 1 or 2 above who will also be an Authorized Signer on the account complete the following information

| | | |
|--|------------------------------------|--|
| Print Full Legal Name (1) <i>Wadney Vincent</i> | Signature <i>Wadney Vincent</i> | Date (MM/DD/YYYY) <i>02/21/2022</i> |
| Print Full Legal Name (2) | Signature | Date (MM/DD/YYYY) |
| Print Full Legal Name (3) | Signature | Date (MM/DD/YYYY) |
| Print Full Legal Name (4) | Signature | Date (MM/DD/YYYY) |