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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

J & I DIESEL REPAIR SERVICES 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: JHON DAVID SALINAS VILLEGAS Name of Person Firm/Company 3600 MT VERNON WAY Address KISSIMMEE, FLORIDA 34741 City/State and Zip Code jdsnice21@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JHON DAVID SALINAS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25,00 Filing Fee □ \$30.00 Filing Fee & S55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & 1 DIESEL REPAIR SERVICE	S LLC					
(Name of the Limi	led Liability Compa (A Florida Limited)	ny as it now appears of Liability Company)	n our records.)			
The Articles of Organization for this Limited L Florida document number L22000070882	iability Company	were filed on $\frac{02/10}{}$	/2022	a	nd assi	gned
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company here	:			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the desig	gnation "LLC" or t	the abbreviat	ion "LL	,C,"
Enter new principal offices address, if applic	rable:	1762 GRATEFUL	LANE			
Principal office address MUST BE A STREET ADDRESS)		KISSIMMEE FLO	RIDA 34744	₹s	20	<u> </u>
				<u> </u>	<u></u>	•
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				z.	•	<u>i</u>
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 If amending the registered agent and/or or or and/or the new registered office addresses 		address on our reco	ords, <u>enter the</u>	name of tl	<u>1е пеж</u>	register
Name of New Registered Agent:	JHON DAVID	SALINAS				
New Registered Office Address:	1762 GRATEF	UL LANE				
		Enter Florida	street address			
	KISSIMMEE		Florida	a 34744		
		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>	Address	Type of Action
MGR	JHON DAVID SALINAS VILLEG	3600 MT VERNON WAY KISSIMMEE FL 34741	🗆 Add
			≣Remove
			□Change
MGR	JHON DAVID SALINAS	1762 GRATEFUL LANE	= Add
		KISSIMMEE. FL 34744	□Remove
			□Change
AMBR	ISAMAR SARMIENTO	1762 GRATEFUL LANE	≣Add
		KISSIMMEE, FL 34744	□Remove
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fective date, if other than the dat n effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depar	specific and cannot be prior to does not meet the applicab			
ecord specifies a delayed effective da is filed.	ite, but not an effective time	e, at 12:01 a.m. on the ear	lier of: (b) The 90th	day after the
JANUARY, H	2023	. •	7	٠
[1]	1) Salan	4.0	SE.	7023
<u> </u>	nature of a member or authori.	Ved representative of a memb	ier ====================================	
JHON DAVID SALINAS	nature of a member or authori.	7 S ved representative of a memb	er	1

Filing Fee: \$25.00

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