

L22000253583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

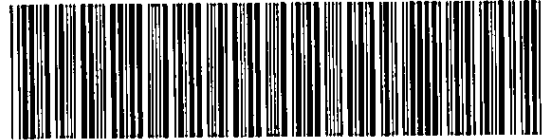
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

[Handwritten Signature]



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22 SEP - 1 PM 2:12

CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARMANDO COLD AIR REPAIR L.L.C.
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:

ARMANDO DIAZ RODRIGUEZ

Name of Person

ARMANDO COLD AIR REPAIR L.L.C.

Firm/Company

6020 N COOLIDGE AVE

Address

TAMPA, FL 33614

City/State and Zip Code

MANDYC0276@GMAIL.COM

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

For further information concerning this matter, please call:

ARMANDO DIAZ RODRIGUEZ

at (813) 735-1475

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

22 SEP - 1 PM 2:12

RECEIVED
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ARMANDO COLD AIR REPAIR L.L.C

(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 06/02/2022 and assigned Florida document number L22000253583.

This amendment is submitted to amend the following:

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

N/A

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)

6020 N COOLIDGE AVE

TAMPA, FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6020 N COOLIDGE AVE

TAMPA, FL 33614

22 SEP - 1 PM 2:12

FLORIDA SECRETARY OF STATE

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: N/A

New Registered Office Address: _____

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>
AMBR	ARMANDO DIAZ RODRIGUEZ	6020 N COOLIDGE AVE. TAMPA, FL 33614	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

22 SEP - 1 PM 2012
DIVISION OF STATE
OFFICE OF THE
CLERK OF THE
SUPREME COURT

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

1) THE LLC PURPOSE IS: "ANY AND ALL LAWFUL BUSINESS"

2) THE FEI/EIN NUMBER IS: 88-2974058 (THE SS-4 FORM IS ATTACHED)

22 SEP - 1 PM 2:12
DIVISION OF CORPORATE AFFAIRS

E. Effective date, if other than the date of filing: N/A **(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

08/26

2022

Signature of a member or authorized representative of a member

ARMANDO DIAZ RODRIGUEZ

Typed or printed name of signer

**IRS**

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0200

Date of this notice: 04/26/04

Employer identification number:
89-2974058

Form: SS-4

Number of this notice: 1

ARMANDO COLD AIR REPAIR LLC
ARMANDO C DIAZ RODRIGUEZ SOLE MBR
6020 N COOLIDGE AVE
TAMPA, FL 33614

For assistance you may call: 1-800-829-4955

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

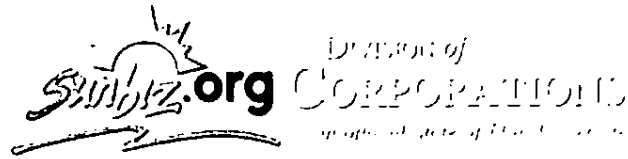
Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 89-2974058. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
ARMANDO COLD AIR REPAIR L.L.C

Filing Information

Document Number L22000253583
FEI/EIN Number NONE
Date Filed 06/02/2022
Effective Date 06/01/2022
State FL
Status ACTIVE

Principal Address

6020 N COOLIDGE AVE
TAMPA 33614

Mailing Address

6020 N COOLIDGE AVE
TAMPA 33614

Registered Agent Name & Address

DIAZ RODRIGUEZ, ARMANDO
6020 N COOLIDGE AVE
TAMPA, FL 33614

Authorized Person(s) Detail

NONE

Annual Reports

No Annual Reports Filed

Document Images

06/02/2022 -- Florida Limited Liability

[View image in PDF format](#)