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COVER LETTER

	Registration So Division of Cor			
	PADILLA	CAR CARE MIAMI LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	•
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		WILFREDO PADILLA C	ASTILLO	
			Name of Person	,
		PADILLA CAR CARE M	IAMI LLC	
			Firm/Company	
		9046 NW 121 Terrace		•
			Address	
		Hialeah Gardens, FL 3301	8	
			City/State and Zip Code	·
		E-mail address: (to be used for future annual report no	tification)
For furthe	er information c	oncerning this matter, please c	all:	
PADILLA	A CASTILLO.	WILFREDO	(786) 256-7	7880
	Name o	f Person	Atea Code Daytii	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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 Addres		Street Address:	action
Registration Section Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 632	-	The Centre of	-
-1	Fallahueene T	FI 32314	2415 N. Monre	or Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PADILLA CAR CARE MIAMI LLC		
(<u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability	Company were filed on 08/17/2022	and assigned
Florida document number L22000361521	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
	 	<u> </u>
		2022 OC SECRE
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
		SO A
		ကြီးတြင္း
B. If amending the registered agent and/or register agent and/ <u>or the new registered office address here</u>		ne of the new registere
agent anu/or the new registered office address here	i.	111
Name of New Registered Agent:	•	
New Registered Office Address:		
	Enter Florida street address	
	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
AMBR	MORENO, JOSE M	6966 SW 4TH STREET	• □ Add
		MIAMI, FL 33144	■Remove
			□Change
			□ Remove
			☐ Change
			□ Add
			. □Remove
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Note:	ive date, if other than the date of filing:
(II) CUII	• • • • • • • • • • • • • • • • • • •
he recor	d 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 led.
Dated	10/07/2022
	111 P
	Signature of a member or authorized representative of a member
	WILFREDO PADILLA CASTILLO
	Typed or printed name of signee