

L220000375097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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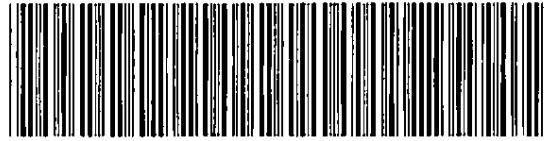
(Business Entity Name)

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9/26/2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: APEX AUTOMOBILE REPAIR & DIAGNOSTICS OF PALM BEACH**

\_\_\_\_\_  
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:

**FREDRICK MERCADO**

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

**APEX AUTOMOBILE REPAIR & DIAGNOSTICS OF PALM BEACH**

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

**1440 10TH CT UNIT A**

\_\_\_\_\_  
Address

**LAKE PARK FLORIDA, 33403**

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

**APEXAUTODIAG@GMAIL.COM**

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

For further information concerning this matter, please call:

**FREDERICK MERCADO**

**954**

**908-9096**

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



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	EZEQUIEL GOMEZ		<input type="checkbox"/> Add
		660 CHRISTINA DR 301 WELLINGTON FL 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FREDERICK M. MERCADO	1440 10TH CT UNIT A LAKE PARK FL 33414	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

PLEASE AMEND THE ADDRESS AND THE TITLE FOR FREDERICK MERCADO TO:

TITLE: MGR 1440 10TH CT UNIT A LAKE PARKFL 33414

ADDRESS: 1440 10TH CT UNIT A LAKE PARKFL 33414

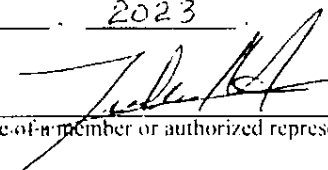
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 9-1-2023 . 2023

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

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