

L22 000448196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

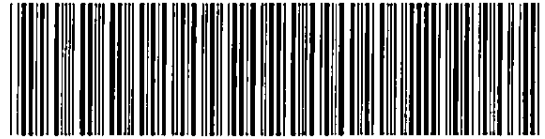
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500422725965

01/30/24--01007--013 \*\*25.00

FILED  
2024 JAN 30 PM 4:28  
STATE  
CLERK  
K4  
2/13/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R&M Workshop 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:

Felix J. Rivera

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

Central Tax Services Inc

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

1912 W. Oak St

\_\_\_\_\_  
Address

Kissimmee, FL 34741

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

info@centraltaxservices.com

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

For further information concerning this matter, please call:

Felix J Rivera

407

483-9399 Any Time

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

FILED  
2024 JAN 30 PM 4:28  
TALLAHASSEE, FL  
STATE

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

R&M Workshop LLC

(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 10/18/2022 and assigned  
Florida document number L22000448196.

This amendment is submitted to amend the following:

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

Your Mechanic Shop LLC

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)**

**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

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>
MGR	Rafael J Galue Vilchez		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Change From MGR to AMBR	<input checked="" type="checkbox"/> Change
AMBR	Manuel A Escalante Escalona	11192 Savannah Landing Cir, Orlando, FL 32832	<input type="checkbox"/> Add
		Remove from company	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Breidys Aldana Viloria		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Change From AMBR to MGR	<input checked="" type="checkbox"/> Change
AMBR	Gloria M Savo Arrieche	11192 Savannah Landing Cir, Orlando, FL 32832	<input type="checkbox"/> Add
		Remove from Company	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2024  
MAR 30 PM 4:28  
CLERK OF COURT  
STATE OF FLORIDA


2021 JUN 30  
STATE  
DEPT

2027 JAN 30 PM 4: 28  
 DEPT. OF STATE  
 INTL

(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.

Dated 01-24. 2024.

 Signature of a member or authorized representative of a member

Breidys Andreina Aldana Vitoria.  
Typed or printed name of signee