

L22000459346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

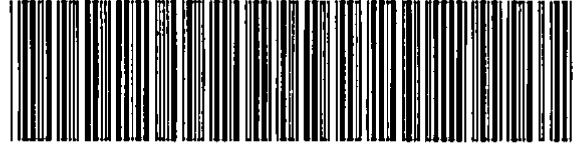
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SECRETARY OF STATE
FALL ARMY 12/01

2022 NOV -8 AM 10:04

11/08/22

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAYLESS 4 CARS OF JAX 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:

JUAN ANTONIO CLAROS CHINCHILLA

Name of Person

PAYLESS 4 CARS OF JAX LLC

Firm/Company

6539-1 POWERS AVENUE STE 1

Address

JACKSONVILLE, FL 32217

City/State and Zip Code

clarosantonio51@gmail.com

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

For further information concerning this matter, please call:

JUAN ANTONIO CLAROS CHINCHILLA

407 756-9613
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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV -8 AM 10:04

FILED

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

PAYLESS 4 CARS OF JAX 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 10/25/2022 and assigned
Florida document number L22000459346.

This amendment is submitted to amend the following:

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

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 add 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	JUAN ANTONIO CLAROS	6539-1 POWERS AVENUE STE 1	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Juan Antonio Claros Chinchilla	6539-1 POWERS AVENUE STE 1	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32217	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRETARY OF THE
TALAMAH COUNTY
2022 NOV - DEC
AM 10:04

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

2012 NOV - 8 AM 10:04
SECRETARY OF DEFENSE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-10-2012 BY 60322
UCBAW

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

11/03/2022

Signature of _____

Juan Antonio Claros Chinchilla

Typed or printed name of signee

Filing Fee: \$25.00