

L23 000083056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

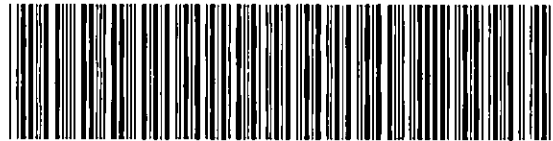
(Document Number)

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Special Instructions to Filing Officer:

July 28, 2023

Office Use Only



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2023 JUL 28 PM 1:52
SECURE FILING
JUL 28 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P.R. AUTO CAR LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

AURELIO NETO

Name of Person

ONE TOUCH CONSULTING SERVICES LLC

Firm/Company

7345 W SAND LAKE RD, STE 224

Address

ORLANDO, FL 32819

City/State and Zip Code

contact@onetouches.com

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

For further information concerning this matter, please call:

AURELIO NETO

407

233-7350

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

2009 JUL 28 PM 1:52
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

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	PABLO ROBERTO PONTES COS	15324 STARLEIGH RD WINTER GARDE, FL 34787	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELAINE CRISTINA DOS SANTO	15324 STARLEIGH RD WINTER GARDE, FL 34787	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DEBORA GONCALVES PONTES	15324 STARLEIGH RD WINTER GARDE, FL 34787	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LAURA CONCALVES PONTES C	15324 STARLEIGH RD WINTER GARDE, FL 34787	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THIS AMENDMENT IS TO:

- CHANGE COMPANY'S NAME

- REMOVE MEMBER: PABLO ROBERTO PONTES COSTA

- REMOVE MEMBER: ELAINE CRISTINA DOS SANTOS

- ADD MEMBER: DEBORA GONCALVES PONTES COSTA

- ADD MEMBER: LAURA CONCALVES PONTES COSTA

2024 JUN 28 PM 1:52
CLERK

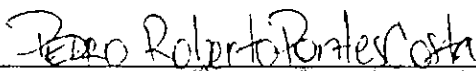
E. Effective date, if other than the date of filing: _____ (optional)

(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 JUNE 6th 2024



Signature of a member or authorized representative of a member

PEDRO ROBERTO PONTES COSTA

Typed or printed name of signer

Filing Fee: \$25.00