

L23 0000 971 97

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

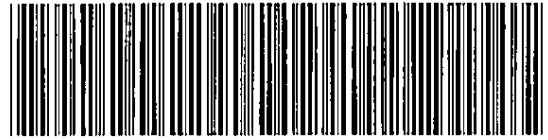
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

2023 MAR 21 PM 2:16
SECTION OF STATE
TALLahassee, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SERVICE AUTOMOTRIZ ELECTRIC 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:

PEDRO SANCHEZ FABELO
Name of Person
SERVICE AUTOMOTRIZ ELECTRIC LLC
Firm Company
9435 MARK TWAIN LN
Address
PORT RICHEY FL 34668
City/State and Zip Code
PS4631840@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO SANCHEZ FABELO at (813) 2918216
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

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CORPORATION DIVISION
TALLAHASSEE, FL

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

SERVICE AUTOMOTRIZ ELECTRIC 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 02/23/2023 and assigned Florida document number 1.23000097197.

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:

4512 W BURKE ST

(Principal office address MUST BE A STREET ADDRESS)

TAMPA FL 33614

Enter new mailing address, if applicable:

4512 W BURKE ST

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA FL 33614

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:

PEDRO SANCHEZ FABELO

New Registered Office Address:

4512 W BURKE ST

Enter Florida street address

TAMPA


City

Florida 33614

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

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STATE OF FLORIDA
TAMPA, FL

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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STATE
PL

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

- CHANGE THE ADDRESS

OLD ADDRESS 9435 MARK TWAIN LN PORT RICHIEY FL 34668

NEW ADDRESS 4512 W BURKE ST TAMPA FL 33614

Multiple horizontal lines for additional address changes.

STATE OF FLORIDA
TALLahassee, FL

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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 MARCH 16 2023



Signature of a member or authorized representative of a member

MANAGER

Typed or printed name of signee

Filing Fee: \$25.00