

L23000143818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

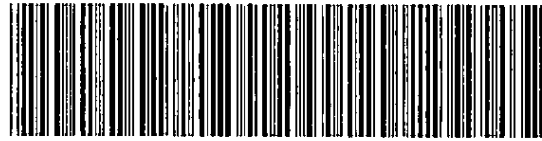
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
2023 SEP 11 PM 12:40

RECEIVED  
2023 SEP 11 AM 10:46

CLERK OF STATE  
TALLAHASSEE, FLORIDA

R. HUNT  
09/11/23

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from account: I20210000160: \$25.00

Authorization Signature: \_\_\_\_\_

CF AUTO IMPORTS LLC

L23000143818

Business

Document #

\_\_\_ Certified copy of

\_\_\_ Certificate of Status

### NEW FILINGS

\_\_\_ Profit Corp  
\_\_\_ Not for Profit  
\_\_\_ Officer/Director  
\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ Other  
\_\_\_ **CORP**  
\_\_\_ **LLLP**

### OTHER FILINGS

\_\_\_ Annual Report  
\_\_\_ Fictitious Name  
\_\_\_ APOSTILLE: \_

### AMENDMENTS

X\_ Amendment  
\_\_\_ Resignation of R.A.  
\_\_\_ Articles of Dissolution  
\_\_\_ Change of Registered Agent  
\_\_\_ Revocation of Dissolution  
\_\_\_ Merger  
\_\_\_ **Conversion**  
\_\_\_ **Amended and restated Articles**  
\_\_\_ Statement of Authority

### REGISTRATION/QUALIFICATIONS

\_\_\_ Foreign filing  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement  
\_\_\_ OTHER

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 SEP 11 PM 12:40

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: CF AUTO IMPORTS 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:

RICKY MARRERO

Name of Person

CF AUTO IMPORTS LLC

Firm/Company

2040 E IRLO BRONSON MEMORIAL HWY

Address

KISSIMMEE FL 34744

City/State and Zip Code

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

For further information concerning this matter, please call:

RICKY MARRERO

407 744-6288  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2023 SEP 11 PM 12:40  
TALLAHASSEE, FL 32303  
DIVISION OF CORPORATIONS

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

CF AUTO IMPORTS 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 09-08-2023 and assigned  
Florida document number L23000143818.

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

City Florida 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	HENRY MATEO	2040 E IRLO BRONSON MEMORIAL HWY	<input type="checkbox"/> Add
		KISSIMMEE FL 34744	<input checked="" type="checkbox"/> Remove
		2040 E IRLO BRONSON MEMORIAL HWY	<input type="checkbox"/> Change
MGR	Carmen Garcia De Fernandez	KISSIMMEE FL 34744	<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
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			<input type="checkbox"/> Change

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STATE OF FLORIDA  
DIVISION OF CORPORATION

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(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)

Dated SEPTEMBER, 8 2023

RICKY MARRERO

**Filing Fee: \$25.00**