

L23000234890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

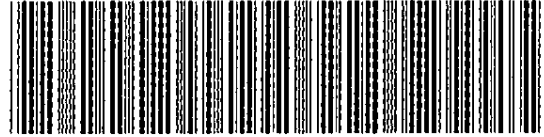
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2024 DEC 10 PM 3:19
TALLAHASSEE, FLORIDA
CLERK OF STATE

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2024

SACHA TORRES
SSJ BUSINESS SOLUTIONS LLC
2126 TREASURE HILL ST
MINNEOLA, FL 34715

SUBJECT: CARLINHOS & SATHIE CUSTOM LLC
Ref. Number: L23000234890

We have received your document for CARLINHOS & SATHIE CUSTOM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

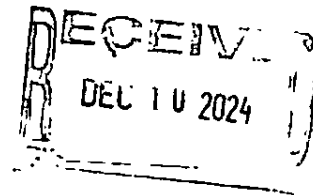
The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 624A00025075



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARLINHOS & SATHIE CUSTOM LLC - REF NUMBER L23000234890

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:

SACHA TORRES

Name of Person

SSJ BUSINESS SOLUTIONS LLC

Firm/Company

2126 TREASURE HILL ST

Address

MINNEOLA, FL, 34715

City/State and Zip Code

TAXSSJ@GMAIL.COM

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

For further information concerning this matter, please call:

SACHA TORRES

407 501-1181
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

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CARINHOS & SATHIE CUSTOM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/12/2023 and assigned Florida document number L23000234890.

This amendment is submitted to amend the following:

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

PN GARAGE CUSTOM 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:

4651 EAGLE PEAK DR

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FL, 34746

Enter new mailing address, if applicable:

4651 EAGLE PEAK DR

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE, FL, 34746

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

Assignment Envelope ID: B245F24C-BB59-4731-8332-ADE41A607524

11 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

[illegible]

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

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2024 DEC 10 PM 3:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 DECEMBER 05 2024

- Signed by.

Stephanie S. E. De Abreu

Signature of a member or authorized representative of a member

STEPHANIE S. E. DE ABREU

Typed or printed name of signee

Filing Fee: \$25.00