

L23000499441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

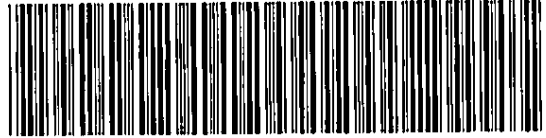
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



100436631931

FILED
2024 OCT -2 AM 10:44
TALLAHASSEE, FLORIDA

RECEIVED
2024 OCT -2 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$25.00
Authorization Signature: *John Lee*
EuoweRx Auto Repair LLC L23000499441
Business Document #

 Walk in Will wait

 Certified Copy of the filing

 Certificate of Status

NEW FILINGS

 Profit
 Not for Profit
 Limited Liability
 Domestication
 INC
 CORP
 OTHER

AMENDMENTS

 x Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Conversion
 Statement of Correction.
 Merger

OTHER FILINGS

 Annual Report
 Fictitious Name
 Statement of Authority
 APOSTIL

COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstatement
 CORRECTION for a Foreign LLC
 Domestication of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eurowerx Auto Repair 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:

Ryan Kutzman
Name of Person

Eurowerx Auto Repair LLC
Firm/Company

12088 Dividing Oaks Trail E
Address

Jacksonville FL 32223
City/State and Zip Code

eurowerxfl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Kutzman at 904 252-7577
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

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

FILED

Eurowe Rx Auto Repair LLC

2024 OCT -2 AM 10:44

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

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on NOV 6, 2023 and assigned
Florida document number L23000499441.

This amendment is submitted to amend the following:

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

EUROWERX 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:

(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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Change

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

FILED
2024 OCT -2 AM 10:44
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

10/1/24

Signature of a member or authorized representative of a member

Ryan Kutzman

Typed or printed name of signer

Filing Fee: \$25.00