L24000046492

(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:
opedar mandendris to rining officer.

Office Use Only



600426799896

04/03/24--01022--003 +*25.00

M

COVER LETTER

TO: Registration Division of C			
SUBJECT: Fer	ix Auto Sc	olutions LL nited Liability Company	<u>C</u>
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Jusniel Jenix Aud	Matos Ros Name of Person Solutions Firm/Company	LLC
	11056 54	ate Address	2
	<u>Hudson</u> <u>Yusniel Ma</u>	City/State and Zip Code	email.com
For further information	n-mail address: (to be used for future annual report not all:	(Neution)
Ucsnie!	Matos e of Person	at (813), 458	ne Telephone Number
Enclosed is a check for	r 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)
<u>Mailing Addi</u> Registration Divisi o n of		Street Address: Registration Se Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Com</u> (A Florida Limiter	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on O1 24 24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	11050 State rd 52 Hudson, F1 34669
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	2862 NEJ+20 2985
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Edma New Registered Office Address: 2600	Contuctos Delgado SW 10th St Apt 1804 Enter Florida sircei address
OCA!	City Storida 34471

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>	Address	Type of Action
MBR	Yvaniel Matos Ramos	2805 NE7th St Ocale, F134470	□Add
		Ocabo, \$139470	Remove
1,00	Edra Judith Contreres Delyado		Change
MRK	Contreresidelyado	2000 SW 10th SHAPL18	□Add >>
		Codo, \$134471	(VRemove
			□Change
			□Add
			□Remove
			□Change
			□Add .'
			□Remove
			©Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			_ □Change

					_
					
					_
		·			_
					
		-			_
			•		_
					_
			<u>. </u>		_
	<u> </u>				
					- <u>;</u>
					_ -
					_
				· ·	$-\tilde{L}_{L}$
f an effective date is lis <u>Note:</u> If the date ins	other than the date of filin sted, the date must be specific an serted in this block does not a e date on the Department of 3	id cannot be prior to date of meet the applicable state	filing or more than 90 days at	e tional) fer filing.) Pursuant to 6 his date will not be fi	05.0 207 isted as
record specifies a d	delayed effective date, but no	t an effective time, at 12	2:01 a.m. on the earlier of:	(b) The 90th day at	ter the
Dated Apri	1/2/2021	JA-al	2		
	Signature of a	member ok authorized repr	resentative of a member		
	- \	1			