

L24000157799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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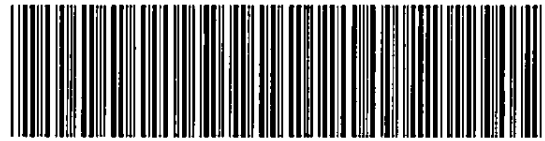
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SGT DIESEL DIAGNOSTICS, 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:

SANDOR GARRIDO

Name of Person

Firm/Company

27045 SW 140 PATH

Address

HOMESTEAD, FL. 33032

City/State and Zip Code

SGTDIESELDIAGNOSTICS@GMAIL.COM

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

For further information concerning this matter, please call:

SANDOR GARRIDO

786  
at ( )

518-8634

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FL

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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

## SGT DIESEL DIAGNOSTICS, LLC

**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>
AMBR	SANDOR GARRIDO	27045 SW 140 PATH HOMESTEAD, FL. 33032	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALAINA DENACIMIENTO	27045 SW 140 PATH HOMESTEAD, FL. 33032	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANDOR GARRIDO	27045 SW 140 PATH HOMESTEAD, FL. 33032	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALAINA DENACIMIENTO	27045 SW 140 PATH HOMESTEAD, FL. 33032	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE

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

PLEASE ADD EIN NUMBER 99-2390578

SECRETARY OF STATE  
TALLAHASSEE, FL

F. Effective date, if other than the date of filing: 04/02/2024 (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 APRIL 9, 2024

Sandoe G

Signature of a member or authorized representative of a member

SANDOR GARRIDO

Typed or printed name of signee

**Filing Fee: \$25.00**