

LZH 000 263 928

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

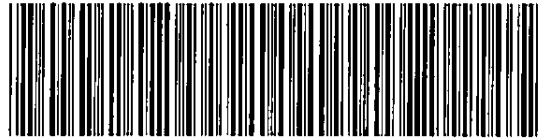
(Document Number)

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06/13/24--01005--009 \*\*25.00

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2024 AUG 20 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2024

TJ LOMBARDO  
88 BAINE AVE  
SPRING HILL, FL 34606

SUBJECT: CARS \$ KIDS & VETERANS LLC  
Ref. Number: L24000263928

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We have received your document for CARS \$ KIDS & VETERANS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is N23000014626.

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.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 824A00015742

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARS & KIDS & VETERANS 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:

TJ LOMBARDO  
Name of Person

CARS & KIDS & VETERANS LLC  
Firm/Company

88 BAYNE AVE SPRING HILL FL 34606  
Address

SPRING HILL FL 34606  
City/State and Zip Code

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

For further information concerning this matter, please call:

TJ LOMBARDO at ( 727 ) 468-1711  
Name of Person 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

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TALLAHASSEE, FL

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

CARS & KIOS & VETERANS

(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 6/6/24 and assigned Florida document number 124000263928.

This amendment is submitted to amend the following:

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

CARS & KIOS & VETERANS 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)**

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**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**

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**F. 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 JUNE 13<sup>TH</sup>, 2024

  
Signature of a member or authorized representative of a member

TJ LOMBARDI  
Typed or printed name of signer

To The Department of State

I TJ Lombardo have no intention of revoking the dissolution for Cars 4 Kids & Veterans in Doc N23000014626 therefore releasing the name for use to another entity.

TJ Lombardo

TJ Lombardo 8/12/24

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SECRETARY OF STATE  
TALLAHASSEE, FL

FL Acknowledgement Notary Certificate

Document Name: Department of State

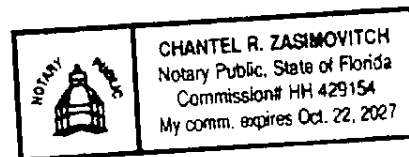
STATE OF FLORIDA  
COUNTY OF HERNANDO  
(County where notarization occurred)

On 8.13.2024 (date), before me, Chantel R. Zsimevitch (Notary name), a notary public, personally appeared by physical presence, El Comodoro (name(s) of signer(s)) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the attached Department of State (name of document) instrument and acknowledged to me that that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or entity upon behalf of which the person(s) acted executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State listed above that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Personally known \_\_\_\_\_ OR  
Produced identification ☒ Type of identification produced: FEDL

Chantel R. Zsimevitch  
(Signature of notary public)

My commission expires: Oct. 22, 2027



Official Seal

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