

L24000264154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

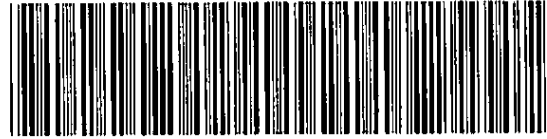
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600432169066

69

RECEIVED

2024 JUN 25 PM 4:57

PROPRIETARY SERVICE

TALLAHASSEE, FLORIDA

A. HUNT

6/23/24

**FLORIDA CAPITAL COURIER SERVICES, INC**

2330 CLARE DR  
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

**Please use funds from account: I20210000160: \$25.00**

**Authorization Signature:** 

**Business Name:** BOOST AUTO MECHANIC SPECIALTIES LLC

**Document #** L24000264154

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

**&**

**AMENDMENTS**

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ Corp

☐ Inc

☐ Other

☒ **Amendment**

☐ Resignation / Dissociation

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Amended & Restated Articles of Incorporation

☐ Statement of Authority

**APOSTILLE(s)**

**&**

**OTHER FILINGS**

☐ Apostille(s)

☐ Country(s)

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Fictitious Name

☐ Annual Report

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BOOST AUTO MECHANIC SPECIALITIES 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:

YOIMAR OMANA USECHIE

Name of Person

BOOST AUTO MECHANIC SPECIALITIES LLC

Firm/Company

3526 HERMUDA WAY

Address

KISSIMMEE FL 34741

City/State and Zip Code

amazonasinsurance2020@gmail.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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

BOOST AUTO MECHANIC SPECIALTIES LLC

(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 06/07/2024 and assigned  
Florida document number L24000264154.

This amendment is submitted to amend the following:

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

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*

City

Florida

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>                   |
|--------------|--------------------------|------------------------------|---|
| MGR          | YSAMAR A. LOPEZ MARTINEZ | 3526 BERMUDA WAY LN APT 1110 | <input checked="" type="checkbox"/> Add |
|              |                          | KISSIMMEE FL 34741           | <input type="checkbox"/> Remove         |
|              |                          |                              | <input type="checkbox"/> Change         |
|              |                          |                              | <input type="checkbox"/> Add            |
|              |                          |                              | <input type="checkbox"/> Remove         |
|              |                          |                              | <input type="checkbox"/> Change         |
|              |                          |                              | <input type="checkbox"/> Add            |
|              |                          |                              | <input type="checkbox"/> Remove         |
|              |                          |                              | <input type="checkbox"/> Change         |
|              |                          |                              | <input type="checkbox"/> Add            |
|              |                          |                              | <input type="checkbox"/> Remove         |
|              |                          |                              | <input type="checkbox"/> Change         |
|              |                          |                              | <input type="checkbox"/> Add            |
|              |                          |                              | <input type="checkbox"/> Remove         |
|              |                          |                              | <input type="checkbox"/> Change         |
|              |                          |                              | <input type="checkbox"/> Add            |
|              |                          |                              | <input type="checkbox"/> Remove         |
|              |                          |                              | <input type="checkbox"/> Change         |

[illegible]

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 23, 2024

YOMAR OLIVERA USECHO  
Signature of a member or authorized representative of a member

YOIMAR QMANA USECHE

Typed or printed name of signee

**Filing Fee: \$25.00**