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(Requestor's Nam	e)				
(Address)					
(Address)					
(City/State/Zip/Ph	one #)				
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
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JUN 2 8 2012					
L. SELLERS					

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

GOVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL FINISH AUTO & BOAT BODY SHOP, 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:

	MGRM registered agent					
	Firm/Company					
	20					
	BRAD					
	City/State and Zip Code					
	E-mail address: (to be used for future annual report notifica	tion)			
For further information co	ncerning this matter, please o	all:				
MRS. MIF	RYAM VICENTE	at (65-1109			
Name of	Person	Area Code & Daytime T	elephone Number			
Enclosed is a check for the	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROFESSIONAL FINISH AUTO & BOAT BODY SHOP, 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 L	were filed on	JUNE 5 , 2012	and assigned		
Florida document numberL1200007	5170				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company he	ere:		
	N/A				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Comp	pany," the designation "LL	.C" or the abbreviation	эn
Enter new principal offices address, if applicable:		6223 29TH STREET EAST			
(Principal office address MUST BE A STREET ADDRESS)		#7			
		BRADENTO	ON , FLORIDA . 342	03	,
Enter new mailing address, if applicable:		6223 29TH	STREET EAST		
(Mailing address MAY BE A POST OFFICE BOX)		#7			
		BRADENTON , FLORIDA. 34203			
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		e:	our records, enter th	12 JUN 25 P	<u>w</u>
	 	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing	<u> Registered Agent:</u>				

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

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MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action ☐ Add ☐ Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A JUNE 19TH, 2012 Dated ___ Signature of a member or authorized representative of a member CESAR NAVARRETE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00