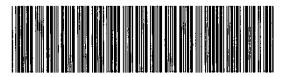
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(Req	uestor's Name)	
(Add	ress)	
(Ádd	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
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COVER LETTER

	gistration Se ision of Cor		
SUBJECT:	FPI&00'SG	ROUP,LLC	
SOBSECT.		Name of Lim	ited Liability Company
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.
Please return	all correspo	ndence concerning this matter	to the following:
		AMADO JUAREZ	
			Name of Person
		FPI&00'SGROUP,LLC	
			Firm/Company
		3296 NW 36TH ST	
			Address
		MIAMI, FL 33142	
			City/State and Zip Code
		amadojuarez90@gmail.con	
		E-mail address: (to be used for future annual report notification)
For further i	nformation co	oncerning this matter, please c	all:
АМАDO Л	UAREZ		786 899-3356 at ()
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	ne following amount:	18 5
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS:			STREET/COURIER ADDRESS:
		ation Section n of Corporations	Registration Section Division of Corporations
		ox 6327	Clifton Building
		ssee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO .ARTICLES OF ORGANIZATION OF

FPI&00 SGROUP,LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/05/2012	and assigned
Florida document number L12000139780		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
MEDINA AUTO REPAIR, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 of registered agent and/or the new registered office address here Name of New Registered Agent:		er the name of the new
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	24 6
	, Florida	
· · · · · · · · · · · · · · · · · · ·	City , Flortua	Etp Code
New Registered Agent's Signature, if changing Registered Agent:		SE PAR
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I an	n familiar with and Or, if the Tacument is

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:

IGR = M MBR = A	lanager uthorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Add
			☐ Remove
		• • • • • • • • • • • • • • • • • • • •	☐ Change
			
			Remove
		□ Add	
		□ Remove	
		Add	
		Remove	
		☐ Change	
			≥ ₩ Ad T
		En B T	
	1		
		·	E Change
		Page 2 of 3	35 S

nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
tive date, if other than the date of filing:
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
OCTOBER 17 OCTOBER 17 OCTOBER 17
Signature of a member or authorized representative of a member **Typed or printed name of signee**

Page 3 of 3

Filing Fee: \$25.00

