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	ation Section t of Corporations	, , , , , , , , , , , , , , , , , , ,	
CUDIFICAT:	HE CAR PORT SPECIALISTS OF EDGEWOO	DD. LLC	
SUBJECT:	Name of Limited Liabil	ity Company	
:			
The enclosed Artic	icles of Amendment and fee(s) are submitted for	filing.	
Please return all co	correspondence concerning this matter to the fol	lowing:	
at, 1 1.	RUDY G. SANTIAGO	•	
•	Na	me of Person	
· · · · · · · · · · · · · · · · · · ·	THE CAR PORT SPECIALISTS	OF EDGEWOOD, LLC	
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Sta Segmen			ب
•		Address	1,
•	ORLANDO, FL 32809		
	City/Su	ate and Zip Code	
	THECARPORTOFEDGEWOOD@		
Eastimbaristis.		for future annual report notification)	
	nation concerning this matter, please call:		
RUDY G. SAN	at	407 856-2468	
	Name of Person	Area Code Daytime Telephone Number	
	ck for the following amount:		
■ \$25.00 Filing	Certificate of Status Co	i.00 Filing Fee & S60.00 Filing Fee, critified Copy Certificate of Status ditional copy is enclosed) Certified Copy (additional copy is enclosed)	
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	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

THE CAR PORT SPECIALISTS OF EDGEWOOD, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number __L16000021024 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 "LLC." 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) स्टारी छ है। 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: Birthity cat. Name of New Registered Agent: New Registered Office Address: Enter Florida street address CHOOL

New Registered Agent's Signature, if changing Registered Agent:

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<u>्री भट्टिकार अस्तुत्र</u> च्या सम्बद्धाः

Marie Con

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 being filed to merely reflect a change in the 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

<u>}</u>:

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

<u>Name</u>	<u>Address</u>	Type of Action
MGRM DAVID CUVILJI	5242 S ORANGE AVENUE	□ Add ,
MANAGE SANGER SANGER SANGER SANGER	ORLANDO, FL 32809	■ Remove
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