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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		

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STORIDA BUTLER

TIL 28 20

COVER LETTER

Division of Corporations			
SUBJECT:	Gridige au Name of Lim	to (epair LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	aupky	Watson Name of Person	.
	Cheorge	outo repar LL	<u>. </u>
	108 Euc	10 AUNUL Address	
	JAMPA georgeauto136	City/State and Zip Code Og mail Com to be used for future annual report notifi	
For further information co	oncerning this matter, please ca		cation)
Audity We Name of	atson Person	at (<u>813</u>) <u>551-73</u> Area Code Daytime	593 Telephone 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 S	ection	Street Address: Registration Sec	
Division of Co P.O. Box 6327		Division of Corp The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Enforge auto a	eran LLC 2022 JUL 28 AM 9: 29
(Name of the Limited Liability Comp (A Florida Limited	Liability Company) On Cree 17 OF STATE
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on May 23, 7021 and assigned
Florida document number L2[00	0431527
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	2014 LLC
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	108 EUCI.O AVE
(Principal office address MUST BE A STREET ADDRESS)	108 FUCIO AVE JAMPA FI. 33402
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Quot	EUCLID AUTOUR Enter Florida street address AW
New Registered Office Address: 108	EUCLID AUTAUR Finter Florida street address
TAMPA	Florida 433600 Cuv 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.

Audley G Watson

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>	Address	Type of Action
mg(Shavon Palmore	108 EUCLO Avenue	□ Add
		TAMPAFI 33602	
			□Change
			□Remove
			☐ Change
			□Remove
			Change
			□Remove
			□ Change
			🗆 Add
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(If an effect Note: If	re date, if other than the date of filing:
he record ord is file	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 d.
Dated _	July 28 . 2022
	July 28 . Zo Zoz. — Cualley Walser () Signature of a member or authorized representative of a member
	Typed or printed name of signee