117000016463

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COVER LETTER

TO:	Registration Se Division of Cor					
CHITA III	TOP QUAL	ITY AUTO BODY AND PA	INT LLC			
SUBJECT: Name of Limited Liability Company						
The end	closed Articles of .	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		HAROLD DESSALINES	AMBR & REPRESENTATIV	Е		
			Name of Person			
		TOP QUALITY AUTO B	ODY AND PAINT LLC			
			Firm/Company			
	2540. WILLARD STREET					
		·	Address			
		FORT MYERS FL. 3390)			
		TAXWORKUSA@GMAII	City/State and Zip Code COM			
	E-mail address: (to be used for future annual report notification)					
For furt	her information eq	oncerning this matter, please c	all:			
HAROLD DESSALINES			239 218-7315 			
Name of Person			Area Code Daytime	e Telephone Number		
Enclose	d is a check for th	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

TOP QUALITY AUTO BODY AND PAINT LLC

(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appears o Liability Company)	in our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L 17000016463</u>	were filed on 01/24	3/2017	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liah	oility company here	ÿ.	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applied	SAME			
(Principal office address MUST BE A STREE	T ADDRESS)	SAME		
		SAME		20
Enter new mailing address, if applicable:	SAME			
(Mailing address MAY BE A POST OFFICE)	SAME	<u> </u>	(1) Ω 3 ··································	
	SAME	<u> </u>	2 17	
B. If amending the registered agent and/registered agent and/or the new registered of			our records, <u>enter t</u>	က္ name of the ne
Name of New Registered Agent:	HAROLD DESSALINES			
New Registered Office Address:	RD STREET			
		Enter Florida	street address	
	FORT MYERS		, Florida ³³⁹⁰	1
		Chy		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>	Address	Type of Action	
AMBR	HAROLD DESSALINES	2540,WILLARD STREET,FT. MY	⊒ Add	
			□ Remove	
			Change	
			☐ Remove	
			Change	
			Add	
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			Typed or pr	inted name of signee			23
	HAROLD DE	·	e of a member or a	tthorized representation	e of a member		2017 JUN
Dated		16-4		·			
	IUNF let	r the record is f	11ed. 2017				
				not an effective	time, at 12:01 a.r	m. on the ea	rlier of:
(If an eff Note:	fective date is listed, If the date inserte	the date must be speci	tic and cannot be pro- not meet the app	rior to date of filing or dicable statutory fili	more than 90 days after til ng requirements, this d	ling.) Pursuant to ate will not be	605.0 2 07 (3 listed as th
. Effect	ive date, if other	than the date of	filing:		(option	al)	
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Filing Fee: \$25.00