# 1210000 87293

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cil	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		05/03/21m

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## **COVER LETTER**

Division of Corporations	
SUBJECT: 3 Stage Autobady LLC Name of Limited Liability Company	
J Name of Emilited Elabority Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bethzabet Alvarez Name of Person	
·	
Firm/Company	
5120 14th St W#94	
Address	
SIZO 14th St W 2494 Address Bradenton, Fl 34207	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Betnzabet Al Vavet at 941, 704-3752  Name of Person  Area Code  Daytime Telephone Number	
Traile of Costs Tray the Costs Tray	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

# Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT AF

CION
TION CALLBARY OF STATE AVIOLOGICAL TARKS OF CURRORATION.

3 Stage Autobod	ty LIC 21 MARI	5 PH 12: 56
(Name of the Limited Liability (A Florida l	Company as it now appears on our records.) .imited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co	mpany were filed on <u>FPb 22, 7</u> 2.	<u>021</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDREST ADDR		the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	
	City	Zip Code

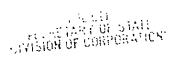
### New Registered Agent's Signature, if changing Registered Agent:

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



Title	<u>Name</u>	Addres 1 MAR 15 PM 12: 56	Type of Action
<del>Las</del>			_ 🗆 Add
			_ □Remove
			_
PRES	Betnzabet Alvarez	5120 14th St W Lot 99 Bradenton, F1 34207	Add
		Bradenton, F1 34207	_ Remove
			_ Change
			_ □Add
			_ □Remove
			_ Change
<del></del>	<del></del>		_ □Add
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			_ □Remove
			_ Change
<del></del>			_ □Add
			_ □Remove
			_ Change

If amending any other information, enter change(s) here: (Attach additional shee	ets, if necessary.) THE HAP LECKLIARY OF STATE CIVINION OF CORPORATION
	21 MAR 15 PH 12: 56
	<del></del>
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9  Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eard is filed.	urlier of: (b) The 90th day after the
Dated March 12 . 2021.	A
B W O'S Signature of a member or authorized representative of a mem	Mun
Betnzabet AWarez OR Eliazar Typed or printed name of signee	

Filing Fee: \$25.00