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COVER LETTER

TO: Registration So Division of Co			•	
Division of Col	por ations		•	
SUBJECT: MINOR	AUTO BODY REPAIR,	LLC		
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Processing Departme	nt		
		Name of Person		
		Firm/Company		
			2021	
	1450 Vassar	St		77
		Address	2621 JUN 14 PH 3: 14	
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	E-mail address: (to be used for future annual report notif	fication)	
For further information of	concerning this matter, please c	all:		
Processing Departm		at (800) 638-2320		
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Enclosed is a check for t	he following amount:			
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		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
МАН	ING ADDRESS:	OTD UNITED TO		
Registration Section		STREET/COURIE Registration Section	ER ADDRESS:	
Divisio PO Ra	n of Corporations	Division of Corpora	itions	

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MINOR AUTO BO	DDY REPAIR, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L20000330951	were filed on 10/19/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
ELITE CITYWIDE AUTOMOTIVE, LLC	-1
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbieviation "L.L.C."
Enter new principal offices address, if applicable:	2000 SW 3rd Ave
(Principal office address MUST BE A STREET ADDRESS)	Okeechobee, FL 34974
Enter new mailing address, if applicable:	2000 SW 3rd Ave
(Mailing address MAY BE A POST OFFICE BOX)	Okeechobee, FL 34974
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: New Registered Office Address:	ffice address on our records, enter the name of the ne: Enter Florida street address
	, Florida
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mario Callejas	2000 SW 3rd Ave	Add
		Okeechobee, FL 34974	☐ Remove
			Add
			Remove Change
			ORemove
			□ Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			☐ Add
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			□ Change

J. II allie	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E Differe	ive date, if other than the date of filing: (optional)	
(If an eff Note:	(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	207 (3)(t as the
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.	of:
Dated		
	Signature of a member or authorized representative of a member	
	Mario Callejas	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00