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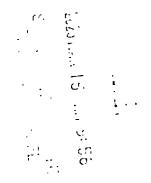
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COVER LETTER

	Registration Se Division of Cor						
eun ira		Mobile BodyShop LLC					
SUBJEC	J1:	Name of Lim	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Octavio Cordova Galano					
			Name of Person				
		24K Magic Mobile BodyS	hop LLC				
	Firm/Company						
8536 White Poplar Drive				0 E			
			Address				
	Riverview, FL 33578						
			City/State and Zip Code	U.			
		tavito19741974@gmail.com	n	tification)			
		E-mail address: (to be used for future annual report no	tification)			
For furth	ner information c	oncerning this matter, please co	all:	- F 14 - σ			
Octavio	Cordova Galano)	813 255-4700				
	Name o	f Person		me Telephone Number			
Enclosed	d is a check for th	ne following amount:					
■ \$2 5.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section		Street Address: Registration S	ection				
Division of Corporations			Division of Co				
P.O. Box 6327			The Centre of	Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24K Magic Mobile BodyShop LLt		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
(<u>Name of the Lim</u>	ited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited I	iability Compan	y were filed on $\frac{2.13.200}{1.000}$	23		and assig	med
lorida document number L23000077609	·					
his amendment is submitted to amend the fol	lowing:					
a. If amending name, enter the new name of	of the limited lia	bility company here:				
N/A						
he new name must be distinguishable and contain the	words "Limited Liab	oility Company," the design	ation "LLC" or th	ne abbrevi	ation "L.L	.C."
Enter new principal offices address, if appli	cable:	N/A	***			
Principal office address MUST BE A STRE	ET ADDRESS)					
					707	
				· : .	=	
nter new mailing address, if applicable:	N/A		_	12 - 	`- 	
Mailing address MAY BE A POST OFFICE	BOX)			, 	~	
					<u>.</u>	1
					່. ' ຜ	
3. If amending the registered agent and/or	registered office	address on our recor	ds, <u>enter the r</u>	name of	the new	registe
gent and/or the new registered office addr	ess here:					
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Enter Florida street address				
	, Florida					
		City	_	Z	p 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 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
MGR	Octavio Cordova Galano	8536 White Poplar Drive, Riverview, FL 33578	= Add
			□Remove
			□ Change
AMBR	Octavio Cordova Galano	8536 White Poplar Drive, Riverview, FL 33578	■Add
			□Remove
		(1	☐Change
			DAdd
		· · · · · · · · · · · · · · · · · · ·	☐Remove_1
			□Change
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A E. 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 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated March 12 Signature of a member or authorized representative of a member Octavio Cordova Galano Typed or printed name of signee

Filing Fee: \$25.00