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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
OLUB III Off	CAR REPAIR, LLC		
SUBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	VICTOR J REINOSA		
		Name of Person	, <u></u>
	VICTOR'S CAR REPAIR		
		Firm/Company	
	1033 N CONGRESS AVE	ESUITE 5144	: :- :
		Address	
	WESTA PALM BEACH.	FL 33409	<u> </u>
		City/State and Zip Code	 -
	REINOSAVICTOR900304		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
VICTOR J REINOSA		305 742-1756	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	he 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 Pagistration 9		Street Address:	ection
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	.7	The Centre of T	Γallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

VICTOR'S CAR REPAIR, LLC

The Articles of Organization for this Limited Liability Company v	were filed on 11/29/2022	and assigned		
Florida document number L22000503519				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·		
		4 3		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
	****	` \		
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter t</u>	he name of the new regi		
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	, Flo	rida		

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
MGR	BARBARA HERNANDEZ ARZUGA	1033 N CONGRESS AVE SUITE 5144 WEST PALM BEACH, FL 33409	
			Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			Change ·
			□Remove
			□Change
			□Add
			□ Rетюче
			Change
			□Add
			□Remove
			□ Change

1033 N CONGRESS AVE SUITE 5144		
WEST PALM BEACH, FL 33409		
		<u>.</u>
		:
		1
fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable state cument's effective date on the Department of State's records.	(option filing or more than 90 days after fil atory filing requirements, this d	ing.) Pursuant to 605.0
ecord specifies a delayed effective date, but not an effective time, at 12 is filed.	2:01 a.m. on the earlier of: (b)	The 90th day after (
ted		

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Filing Fee: \$25.00