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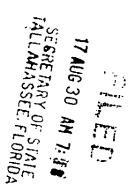
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	f Status
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COVER LETTER

TO:	Registration Sec Division of Corp	tion orations		
	v.or	J.A.L AUT	TO REPAIR, LLC	
SUBJ	ECT:	Name of Limi	ted Liability Company	
The er	nclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	o the following:	
			JOSE A LOPEZ	
			Name of Person	
		J.A	L AUTO REPAIR, LLC	
			Firm/Company	-
		2198 W	BUSH BLVD	
			Address	
		TAM	PA, FL 33612	
			City/State and Zip Code	
		TAMPAMULTISERVICE	S-INC@HOTMAIL.COM o be used for future annual report notific	
				cation)
For fu	irther information co	oncerning this matter, please ca	ill:	
	JOSE A LOP	PEZ	813 416-3478 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	c following amount:		
■ \$3	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

J.A.L. AUT	O REPAIR, LLO			
(Name of the Limi	ted Liability Com	pany as it now appears on ou d Liability Company)	ır records.)	
	•			
The Articles of Organization for this Limited I	Liability Compa	ny were filed on $\frac{08/13/200}{1}$	09	and assigned
Florida document number L09000078129	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited li	ability company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Lis	ability Company," the designat	ion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
				<u> </u>
Enter new mailing address, if applicable:		N/A		<u> </u>
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			records, enter	the name of the nev
Name of New Registered Agent:	N/A		35	630
New Registered Office Address:	N/A		ن ن ن س	0 1
	N/A	Enter Florida str	eet address [7]	7.
		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
AMBR	LUIS E MEDINA RODRIGUEZ	2198 W BUSH BLVD	
		TAMPA, FL 33612	🗖 Remove
			Change
			□ Add
			Remove
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			Change

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Filing Fee: \$25.00