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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations
SUBJECT: Natural Auto Body Craft LLC. Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mame of Person
Name of Person
Jessel Investments LLC.
Firm/Company
UNDA WILL ALST atomat and for all
11402 NW 41 Street suite 211
Doral FL. 33178. City/State and Zip Code Lm. jessel@ Gmail.com. E-mail address: (to be used for future annual report notification)
City/State and Zip Code
Lm. jessel@ Gmail.com.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luis R. Smith. at (305) 470-2429
Name of Person at (305) 470-2429 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certified Copy
(additional copy is enclosed) 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

Natural aut	body	Craft	LhC.			
(Name of the Limited Liability (A Florida I	Company as Limited Liabili	it now appears ty Company)	on our records.)			
The Articles of Organization for this Limited Liability Conference of Organization for the	ompany were	filed on/	1/06/2009	, and as	signed	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limi	ited liability o	company here	:			
The new name must be distinguishable and end with the wor- "L.L.C."	ds "Limited Li	ability Compan	y," the designation	"LLC" or the	abbrev	iation
Enter new principal offices address, if applicable:						_
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>					·
Enter new mailing address, if applicable:						-
(Mailing address MAY BE A POST OFFICE BOX)						-
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		address on ou	ır records, <u>ente</u> ı	the name	of the	<u>new</u>
Name of New Registered Agent:				_LAI	2	
New Registered Office Address:		Ente	er Florida street a	ASSET A	9	# 100 MA
		ENIE		T.C.	AM II	
	Cit	y	, Florida _	Zip Eqa	 le	
New Registered Agent's Signature, if changing Registered	d Agent:			DA DA	ھن	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Name</u> **Address Type of Action** ELAIN AREM MGR D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Bernard Lawrence.
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00