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(Re	equestor's Name)	
(Ad	ldress)	
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(Ĉi	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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2019 FEB 26 PM 2: 02 SECREDARY STATE

COVER LETTER

TO:	Registration Se Division of Cor					
ALHAMBRA AUTOMOTIVE, LLC						
SUBJ	Name of Limited Liability Company					
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Pablo Gonzalo				
		ALHAMBRA AUTOMOT	Name of Person FIVE, LLC			
		7840 N.W. 55TH STREET	Firm/Company			
		Doral, FL 33166	Address			
		pablo@collisionmiami.com	City/State and Zip Code			
		E-mail address: ()	to be used for future annual report noti-	fication)		
For fu	rther information e	oncerning this matter, please ca	all:			
Pablo	Gonzalo		786 663-7998 at ()			
	Name of	f Person	Area Code Daytim	e Telephone Number		
Enclos	sed is a check for th	ne following amount:				
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

TO:

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 ARTICLES OF ORGANIZATION OF

FILED

ALHAMBRA AUTOMOTIVE, LLC

company has been notified in writing of this change.

2019 FEB 26 PH 2: 02 (Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited	Liability Company	were filed on $\frac{2/20/20}{}$	TALLA A SEE FL and assigned	
Florida document number 1.10000113502	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
ALHAMBRA AUTOMOTIVE, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		PABLO EMILIO GONZALO DAM		
		7840 N.W. 55TH STREET		
		DORAL, FL 33166		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered agent.)	d/or registered o	ffice address on ou	or records, enter the name of the na	
Name of New Registered Agent: PABLO EMILIO GO		IO GONZALO DAM		
New Registered Office Address:	7840 N.W. 551	TH STREET		
	Enter Florida street address			
	DORAL.		, Florida 33166 Zip Code	
			Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	<u>:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the pro		•	• • •	

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

11 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
MGRM	GONZALO DAM, PABLO EMILIO	7840 N.W. 55TH STREET	□ Adá
		DORAL, FL 33166	
			_ □ Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
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			☐ Change
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			□ Remove
			☐ Change

	PABLO GONZALO ARANDA	A 10% OWNERSHIP			<u> </u>
	LIGIA CORINA GONZALO I	DAM 10% OWNERSHIP			
				<u> </u>	
					
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(If an <u>Not</u> e	ctive date, if other than the deffective date is listed, the date must be: If the date inserted in this blockment's effective date on the Dep	be specific and cannot be price or does not meet the appli	cable statutory fil		ing.) Pursuant to 605,0207 (3)(
	ecord specifies a delayed and the second specifies and delayed after the reconditions.		ot an effective	: time, at 12:01 a.r	n. on the earlier of:
Date	FEBRUARY	2019			
		11	7	1	
		1 /1 X	11 - 101		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00