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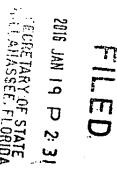
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COVER LETTER

Division of Corporations
SUBJECT: <u>Automotive Reconditioning Professionals UC.</u> 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:
Matthew Plurphy Namb of Person
Firm/Company BOBO Bair Fd Address
Ayaleka City Fl, 34251 City/State and Zip (c.le automotive murphy @ 3 mail com E-mail address: (to be used for future inname) Joseph motification)
E-mail address: (to be used if future manual Governotification) For further information concerning this matter, please call:
Matthew Hurphy at (941) 586 5468 Name of Person 1 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is calcased) □ \$60.00 Filing Fee, Certified Copy (additional copy is calcased)

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
Tallerissee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were illed on ____ Florida document number __ L11000138094 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Contains" the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Poter Piorida street address , Florida 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 perto the coting 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. Thereby confirm that the limited liability company has been notified in writing of this change. If Changing Registered Agent, Signature of New Registered Ag

Page 1 of 3

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 = Ms $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hatthew Hurphy	8080 Barr Rd, Hyakha Crty, Fl, 342	Add
		Hyakka Cry, Fl, 342	7 ☐ Remove
	•		Change
MGR	Tania Berryman	8080 Bar Rd	Add
		Myalika City, Fl, 342	S □ Remove
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Filing Fee: \$25.00