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COVER LETTER

TO: Registration Section
Division of Corporations

ARISTA AUTO BODY LLC

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:

Arista Saintalus Pierre			
Name of Person			
Firm/Company			
163 Aviation Ave NE			
Address			
Palm Bay FI 32907			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

Arista Saintalus Pierre

_{...}321 914-6583

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:

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**

ARISTA'S AUTO BODY, PAINT & AUTO SALES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company v	vere filed on 01/09/201	2 and assigned	
Florida document number L12000003726	·			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liabil	ity company here:		
ARISTA AUTO BODY LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company," the d	lesignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		4165 DOW ROAD UNIT 46		
(Principal office address MUST BE A STREET ADDRESS)		MELBOURNE FLORIDA 32934		
		400 AVIATION AVE	- NIC	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		163 AVIATION AVE NE		
		PALM BAY FLORID)A 32907	
B. If amending the registered agent and/or registered agent and/or the new registered offi			rds, enter the name of the new	
Name of New Registered Agent:	Hiram O Grandoit			
New Registered Office Address:	4690 Lipscomb Street NE 5A			
New Registered Office Address.	Enter Florida street address			
	Palm Bay		, Florida <u>32905</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. & Of. if this document is being filed to merely reflect a change in the registered office address, I bereby 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 = Mana MGRM = Ma	ger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			— —
<u> </u>			Add
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D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please amend the name of the MGR from
-	Arista Pierre to Arista Saintalus Pierre
Dated _a	2 9-18-13
	Austa Santalus fore Signature of a member or authorized representative of a member
	- ARISTA Saintalus Pierre

Page 3 of 3

Filing Fee: \$25.00