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| Special Instructions to | Filing Officer:                         |           |
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# **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |
|---|--|
| SUBJECT: BC Genara Home & Auto Repair, LCC 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:   |  |
| Brian M Cabral Name of Person   |  |
| BC General Home & Auto Repair LCC   |  |
| 2768 Nattie Ct Address  |  |
| Orlando FL 32826  City/State and Zip Code  BC general Home Repair 6, gmail, Com  E-mail address: (to be used for future annual report notification)   |  |
| BC general Home Report D. gmail, Com-   |  |
| For further information concerning this matter, please call:  |  |
| Brian Cabra 1 at (407) 442 - 8407  Name of Person Area Code Daytime Telephone Number  |  |
| Name of Person Area Code Daytime Telephone Number   |  |
| Enclosed is a check for the following amount:   |  |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$ 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

| BC Genaral Home   | # Auto   | Repair                         | LL.C.                           |                |
|---|--|--------------------------------|---------------------------------|----------------|
| (Name of the Limited Liabilit<br>(A Fiorida   | ty Company as it now an<br>Limited Liability Compa | opears on our record<br>ny)    | <u>s.</u> )                     |                |
| The Articles of Organization for this Limited Liability C<br>Florida document number 4/20003/33 |  | March 5                        | , 20/2 and assigned             |                |
| This amendment is submitted to amend the following:   | _  |                                |                                 |                |
| A. If amending name, enter the new name of the limi   | ited liability compan                              | y here:                        |                                 |                |
| BC General Home The new name must be distinguishable and end with the words "Lin                |  | L. L. C. 'the designation "LLe | C" or the abbreviation "L.L.C." | -              |
| Enter new principal offices address, if applicable:   |  |                                | . 7                             |                |
| (Principal office address MUST BE A STREET ADDR   | RESS)  |                                | TE 4                            | -              |
|   |  | <del></del>                    | 金流 臺                            | - mariliani    |
|   |  |                                | 532 -                           | (Charles       |
| Enter new mailing address, if applicable:   |  |                                | 7 1<br>SEE                      | 1              |
| (Mailing address MAY BE A POST OFFICE BOX)  | <del></del>  |                                | 777                             |                |
| Manual maness MAT DE ATOST OFFICE DOX   |  |                                | DRIDE 31                        |                |
|   | <del></del>  |                                | <del></del>                     | -              |
| B. If amending the registered agent and/or regis  |  | on our records                 | s, enter the name of the        | new            |
| registered agent and/or the new registered office add   | ress here:   |                                |                                 |                |
|   |  |                                |                                 |                |
| Name of New Registered Agent:   |  |                                |                                 | -              |
| New Registered Office Address:  |  |                                |                                 | _              |
|   | Enter  | Florida street addres          | s                               | · <del>·</del> |
|   |  | , Flo                          | orida                           | <del></del>    |
|   | 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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

| <u> Title</u> | <u>Name</u>  | Address             | Type of Action |
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Filing Fee: \$25.00