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## **COVER LETTER**

TO:	Registration S Division of Co		*		
SUBJI	ECT:	NIPI CAR E	BODY SHOP, LLC		
		Name of Limi	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		R	AMADIER FUNDORA		
			Name of Person		
	NIPI CAR BODY SHOP, LLC				
			Firm/Company		
2038 NW 23rd AVE					
			Address		
			MIAMI, FL 33142		
	City/State and Zip Code				
		NIPICARI E-mail address: (1	BODYSHOP@YAHOO.CO to be used for future annual report notification.	M cation)	
For fur	ther information of	concerning this matter, please of	·	···· ,	
RAMADIER FUNDORA  Name of Person			at ( 786 )  Area Code & Daytime	518-2457	
	Name	n reison	Alea Code & Dayume	Temphone Number	
Enclose	ed is a check for t	he following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

FILED

12 MAR 19 AM 11: 17

NIPLO	AR BODY SHOP, LLO	C SECRETARY	DF STATES
(Name of the Limited Lia) (A Flor	bility Company as it now appear rida Limited Liability Company)	rs on ou <del>r records.</del> )551	EG. ELIORIDA
The Articles of Organization for this Limited Liabil Florida document number		02/21/2012	and assigned
This amendment is submitted to amend the following.  A. If amending name, enter the new name of the		œ:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	ny," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office	•	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	ress
·		, Florida	7: 0 1
	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 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 = Mahager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action MGRM** ROMER BAEZ FUENTES 9682 FOUNTAIN BLEAU BLVD ☐ Add APT 606 MIAMI, FL 33172 ☐ Add ☐ Remove ☐ Remove Add Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 14 2012 Dated Signature of a member of authorized representative of a member RAMADIER FUNDORA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00