|                         | (Requestor's Name)        |
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| PICK-UP                 | WAIT MAIL                 |
| <del></del>             | <del></del>               |
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| <del></del>             | (Business Entity Name)    |
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|                         | (Document Number)         |
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| Certified Copies        | Certificates of Status    |
|                         |                           |
|                         |                           |
| Special Instructions to | o Filing Officer:         |
|                         |                           |
|                         |                           |
|                         | J. HORNE                  |
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Office Use Only



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## **COVER LETTER**

| TO: Registration :<br>Division of Co |   | _   |  |
|--------------------------------------|---|---|--|
|                                      | Alfer P                                   | ody Shop LCC  |  |
| SUBJECT:                             | Name of Lie                               | mited Liability Company   |  |
|                                      |   |   |  |
|                                      | f Amendment and fee(s) are su             |   |  |
| Please return all corresp            | ondence concerning this matte             | r to the following:   |  |
|                                      | Fa  | lix Fernandez Name of Person  |  |
|                                      |   | Alper Body Shop UC  |  |
|                                      |   | NW 103 th #29   |  |
|                                      |   | ani, FL 33016   |  |
|                                      |   | City/State and Zip Code alfer body 6 Yahoo. com   |  |
|                                      | E-mail address:                           | (to be used for future annual report notification)  |  |
| For further information c            | oncerning this matter, please of          | call:   |  |
| Eliv                                 | Fernandez                                 |   |  |
| Name o                               | f Person                                  | at (  |  |
|                                      |   |   |  |
| Enclosed is a check for Il           | ne following amount:                      |   |  |
| <b> \$\$</b> \$25.00 Filing Fee      | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc |  |
| Mailing Addres Registration S        | <del></del>                               | Street Address: Registration Section  |  |
| Division of C                        | orporations                               | Division of Corporations  |  |
| P.O. Box 632<br>Tallahassee, 1       |   | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

| ARTICLES   | OF ORGANIZATION   | FII                       | FD 92            |
|--|---|---------------------------|------------------|
| _  | OF  |                           | ニリ               |
| Alfer B  | Company as it now appears on our company)                       | 1023 MAY 10               | AM 11: 45        |
| (Name of the Limited Liability<br>(A Florida L   | Company as it now appears on our r<br>imited Liability Company) | TALL AHACCE               | (# 5 %)          |
|  | Clad as   | 3 ye will am              | ssigned          |
| The Articles of Organization for this Limited Liability Con  |   | And t                     |                  |
| Florida document number  |   |                           |                  |
| This amendment is submitted to amend the following:  |   |                           |                  |
| A. If amending name, enter the new name of the limite  | ed liability company here:                                      |                           |                  |
|  |   |                           |                  |
| The new name must be distinguishable and contain the words "Limite   | ed Liability Company," the designation                          | "LLC" or the abbreviation | "L.L.C."         |
| Enter new principal offices address, if applicable:  |   |                           |                  |
| (Principal office address MUST BE A STREET ADDRE   | ESS)  |                           | <del></del>      |
|  |   |                           |                  |
|  |   |                           |                  |
| Enter new mailing address, if applicable:  |   |                           |                  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | <u></u>                   |                  |
| initing dames have been post of the bony   |   |                           |                  |
|  |   |                           |                  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records.                                  | enter the name of the     | e new registered |
|  |   |                           |                  |
| Name of New Registered Agent:  |   |                           | <del></del>      |
| New Registered Office Address:   |   |                           |                  |
|  | Enter Florida stree   | t address                 |                  |
|  |   | . Florida                 |                  |
|  | City  | Zip (                     | ode              |

## 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 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> | Name                       | Address                    | Type of Action     |
|--------------|----------------------------|----------------------------|--------------------|
| MBRM         | Almaguer Gareta,<br>Miriam | 138 W 268T<br>A4+ 1        | □Add               |
|              |                            | Haleah, FL 33010           | `                  |
| MERM         | Fernandez, Fell X C        | 8038 NW 103 Th8            | DAdd               |
|              |                            | H29<br>Hialeah Garden, FL3 | Remove             |
|              |                            |                            |                    |
|              |                            |                            | Remove             |
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| <u>ote:</u> If:     | date, if other than the date of filing:  (optional)  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed its effective date on the Department of State's records. |
| ecord s<br>is filed |  |
| ated                | May 10, 2023.<br>Felix F.  |
|                     | Folix E  |
|                     | Signature of a member or authorized representative of a member   |

E.

Filing Fee: \$25.00