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(Rec	questor's Name)	
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(City	//State/Zip/Phone	e #)
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(Doc	cument Number)	
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I ALBRITTON

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: Al	by's GARAGE Name of Lim	ited Liability Compday	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Alby E	JUARBE Name of Person	
	Alby's GA	RATE Doors, L	LC
	390 W	ill Barber d	Rd
	<u> Kissimi</u>	NEE, FL 347 City/State and Zip Code	44
	216490 E-mail address:	arage QUAHOO.	COM
For further information c	oncerning this matter, please ca		
Alby E.	Tuarbie	at (<u>407)</u> 790– Area Code Daytime	-9217
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

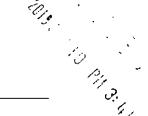
MAILING ADDRESS:

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



The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

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)

P. D. BOX 771715

Onlando, FL 32877

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:		
	Enter Florida street a	ddress
		. Florida
	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 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 = Au	athorized Member		
Title	<u>Name</u>	Address	Type of Action
MGRH	Alby E. Juarbe	390 WillBarberR KissiMMEE,FC 34	1 - Add
			# Kemove
			Change
AMBR	Alby E. Juarbe	390 Will Barber Rg BissiMMEE, FL 347	Add Add
			Remove
			Change
			Remove
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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	9-6-19
	Signature of a member or authorized representative of a member