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18 AUG 28 PH 1: 34

## **COVER LETTER**

TO: Registration : Division of Co		**	
	O GE AUTO SERVICE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ESTIRLIZ LORENZO		
	LORENZO GE AUTO S	Name of Person ERVICE LLC	
		Firm/Company	
	4872 REGINALD RD		
	ORLANDO, FL 32829	Address	
	GERLIS80@YAHOO.CC	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report	rt notification)
ESTIRLIZ LORENZO		407 705-75 at ()	523
Name	of Person	Area Code D	aytime Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.(M) 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 tadditional copy is enclosed
Regis Divis	LING ADDRESS: stration Section ion of Corporations Box 6327	STREET/CO Registration S Division of C Clifton Build	orporations

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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2018 AUG 28 PH 1: 34

LORENZO GE AUTO SERVICE LLC

(Name of the Limited Liability Company as it now appears on our record LAHASSEE, FL
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed or	and assigned
Florida document number L12000106209	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
LORENZO GE SERVICES LLC	
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
B. If amending the registered agent and/or registered office address	ss on our records, enter the name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	er Florida street address
Name of New Registered Agent:  New Registered Office Address:	
Name of New Registered Agent:  New Registered Office Address:	er Florida street address , <b>Florida</b> Zip Code
Name of New Registered Agent:  New Registered Office Address:  Enter	

If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = 7	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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document's effective date on	the Department of	State's records.		· · · · · · · · · · · · · · · · · · ·		
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ne record specifies a del The 90th day after the			an errective t	ime, at 12:01	a.m. on the ear	lier of
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		a member or author	rea representative	of a member		

Page 3 of 3

Filing Fee: \$25.00