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(Re	questor's Name)	
(Ad	dress)	
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	EASTSIDE	AUTO BROKERS. LLC				
Sebule1.		Name of Lim	ited Liability Company			
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		DIEGO CRESPO				
			Name of Person			
		EASTSIDE AUTO BODY	, INC.		•	
Firm/Company						
		1275 WILLIAMS STREET	Γ			
	Address					
		FORT MYERS, FL 33916				
			City/State and Zip Code			
		eastsideautobrokers@gmail.				
			o be used for future annual report notif	ication)		
For further in	nformation co	ncerning this matter, please ca	ıll:	مالله موجع		
DIEGO CRE	ESPO		239 333-7856 at ()		2018 O	· i fert
	Name of	Person	Area Code Daytime	e Telephone Number		tifum pet n gradiental
Enclosed is a	check for the	e following amount:		(17 6.) (17 7) (17 7)	Ū	
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section \$60.00 Filing Certificate Certified Ce	o £S tatu Copy	

MAILING ADDRESS:

TO:

Registration Section

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

(Nome of the Limited Lightlife) Com-		ann maaanda N
(<u>Name of the Limited Liability Com</u> (A Florida Limite	d Liability Company)	our records.
The Articles of Organization for this Limited Liability Compar Florida document number L12000129887	by were filed on $\frac{10/11/2}{1}$	2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•••	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		النبا النبا
		The state of the s
		د پو
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		r records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
	Citv	, Florida
New Registered Agent's Signature, if changing Registered Agen	, and the second	- . - · · ·

If Changing Registered Agent, Signature of New 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.

IGR = Ma MBR = Au	nager thorized Member	
<u>itle</u>	<u>Name</u>	Address Type of Action
MBR	BILLY F. JIMENEZ	5541BANNING STREET, LEHIGH ACRES, FL 33971
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effective date is listed, the date is: If the date inserted in this	nust be specific a block does not	nd cannot be pri meet the app	or to date of fili licable statutor	ng or more than 9 V filing require	00 days after filing ments, this date	g.) Pursua will no	nt to 605.0 t be liste
ment's effective date on the	Department of	State's record	is.	,	,		
ecord specifies a delay	ed effective	date, but r	ot an effec	tive time, at	: 12:01 a.m.	on the	earlie
e 90th day after the r	ecord is filed	i.					
OCTODED IA		2016					
d OCTOBER 10,		2016	·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00