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| (Re                                     | equestor's Name)  |      |  |
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| PICK-UP                                 | ☐ WAIT            | MAIL |  |
| (Business Entity Name)                  |                   |      |  |
| (Document Number)                       |                   |      |  |
| Certified Copies Certificates of Status |                   |      |  |
| Special Instructions to                 | Filing Officer:   |      |  |
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## **COVER LETTER**

| TO: Registration Sect<br>Division of Corpo |  |   |   |               |
|--|--|---|---|---------------|
| ALRO                                       | oy, LLC                                      |   |   |               |
| SUBJECT:                                   |  | ted Liability Company   |   |               |
|  |  |   |   |               |
| The enclosed Articles of Ar                | mendment and fee(s) are subr                 | nitted for filing.  |   | •             |
| Please return all correspond               | lence concerning this matter (               | to the following:   |   |               |
|  | Janice Bergma                                | n Alboyadijan  Name of Person                                       |   |               |
|  |  |   |   |               |
|  | IKės Auto S                                  | ervice  |   |               |
|  |  | Firm/Company  |   |               |
|  | 101 NW 43                                    | d street  |   |               |
|  | . 0  | Address   | <b>7</b>  | <b>⊳</b> э້″  |
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|  | bergman alboy                                | City/State and Zip Code   | HASSEE, FLORIDA   | 2021 MAY 15 A |
|  | E-mail address: (t                           | o be used for future annual report notif                            | ication)  | » <u>π</u>    |
| For further information con                | cerning this matter, please ca               | dl:   | 108<br>108<br>118   |               |
| Janice Bergman A                           | lboyadjian; HGR                              | at ( <u>028</u> ) 400 - 35  | 345 BA  | ্য<br>এ       |
| Name of P                                  | Person                                       | Area Code Daytime   | e Telephone Number  |               |
| Enclosed is a check for the                | following amount:                            |   |   |               |
| \$25.00 Filing Fee                         | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Certificate o Certified Co (additional cop | of Status &   |
| Registrat                                  | IG ADDRESS: ion Section of Corporations      | STREET/COURI<br>Registration Section<br>Division of Corpor          | n   |               |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALBOY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/4/20/3Florida document number <u>L13</u>000076359 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 address Florida City 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = Ma $AMBR = Au$ | nager<br>thorized Member |                                      |                             |
|----------------------|--------------------------|--------------------------------------|-----------------------------|
| <u>Title</u>         | <u>Name</u>              | Address                              | Type of Action              |
| AMBR                 | Hrair Alboyadiian        | Address 101 NW 43rd St, Oakland Park | K, KL 33507<br><b>B</b> Add |
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Filing Fee: \$25.00