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TO:

Registration Section
Division of Corporations

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DIVA AUTO REPAIR , LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADRIANA DE PAZOS

Name of Person

AVALON TAX & ACCOUNTING SERVICES, INC

Firm/Company

3564 AVALON PARK BLVD. E.- STE 1-254

Address

ORLANDO, FL 32828

City/State and Zip Code

ATASINC@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL J. SANTANA

ູ,407ັ,745-5510

Name of Person

Area Code

Daytime 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 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

DIVA AUTO REPAIR LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number L13000163419	npany were filed on 11/21/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the o	lesignation "LLC" or the abbrevia
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	, 54) 34)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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		5 5 3
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a street address
		Florido
	City	FloridaZip 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRANCISCA M. SANTANA	1545 OXALIS DR.	Add
		ORLANDO, FL 32807	Remove
			Add
			Remove
			Add ³
		(A) (A) (B)	Remove
	<u></u>	COR DA	STATE 23
			Remove
			Add
			Remove
			Add
			Remove

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ffective date, if other than the date	of filing: (option	
effective date is listed, the date mus	be specific and cannot be more than 90 days after filing.)	
ffective date, if other than the date a effective date is listed, the date mus DECEMBER 26	be specific and cannot be more than 90 days after filing.)	
DECEMBER 26 RAFAEL J. SAN	be specific and cannot be more than 90 days after filing.) 7. 2013 TANA	
DECEMBER 26 RAFAEL J. SAN	TANA a member or authorized representative of a member	
DECEMBER 26 RAFAEL J. SAN	be specific and cannot be more than 90 days after filing.) 7. 2013 TANA	
DECEMBER 26 RAFAEL J. SAN	TANA a member or authorized representative of a member	

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