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### **COVER LETTER**

TO:	Registration Se Division of Cor			•
ou n u	Garrett A/0	C LLC.	·	
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Theresa Linder		
		Garrett A/C LLC.	Name of Person	
		208 SW 9th Circle	Firm/Company	
		Delray beach Fl. 33444	Address	
		garrettac@ymail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	fication)
For fur	ther information c	oncerning this matter, please ca	all:	
There	sa Linder		561 396-3870	
	Name o	f Person		e Telephone Number
Enclos	ed is a check for ti	he following amount:		
<b>■</b> \$2	5.00 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

Garrett A/C LLC.		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 140000002645	were filed on September 5, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Nicole Rodriguez	_	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		SECOR LVISION
(Principal office address MUST BE A STREET ADDRESS)		P 25-
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		AH CONTROL OF THE NEW MARKET THE NAME OF T
New Registered Office Address.	Enter Florida street address	
	. Florida	
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am for crovided for in Chapter 605, F.S. Or,	amiliar with and if this document is

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
SEC	Nicole Rodriguez	208 SW 9th Circle Delray Beach Fl.	
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ective date, if other than the date of filing:	(optional)	
neffective date is listed, the date must be specific and cannot be prior to date of filing or meter. If the date inserted in this block does not meet the applicable statutory filing		
rument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	ime, at 12:01 a.m. on the ear	rlier d
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Typed or printed name of signee

Filing Fee: \$25.00