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To:

Division of Corporations

Fax Number : (850)617-6383 ----

From:

Account Name : SANTOS & PANTODAS TAX, ACCOUNTING & INSURANCE INC

Account Number : I20170000075 Phone : (407)381-6137

Fax Number : (407)381-2307

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: [Ortain:@ 3

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLUTIONS AUTO SALE & REPAIR LLC

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K. SALY SEP 1.5 2023 TÓ:

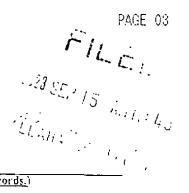
COVER LETTER

TO: Registration : Division of Co			
SOLUTION SUBJECT:	ONS AUTO SALE & REPAIR	LLC	
3000ECT.	Name of Li	mited Liability Company	
The enclosed Articles o	f Amondment and fee(s) are so	ibmitted for filing.	
	oondence concerning this matte	•	
	LORRAINE SANTOS		
		Name of Person	
		Firm/Company	
	1486 S SEMORAN BLV		
	ORLANDO, FL 32807	Address	
	LORRAINE@SPTAXFL.	City/State and Zip Code	
For further information ((to be used for future annual report no	Hification)
LORRAINE SANTOS	the matter, prease (407 381-6137	
Name (of Person	Area Code Daytii	me Telephone Number
Bnolosed is a check for t	he 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 Addres Registration S	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632	7	Division of Co The Centre of	Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suita 810	

H230003941493

Tallahassee, FL 32303

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



SOLUTIONS AUTO SALE & REPAIR 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	y were filed on 03/24/2014 and assigned
Florida document number L14000048503	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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 agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florido
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as posing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and
	•

If Changing Registered Agent. Signature of New Registered Agent

4 23000 32 41493

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
MGR	MAIRENY PERALTA	4404 S OBT	≘ Ađć
		ORLANDO, FL 32839	□Remove
			□ Change
-			□Add □Add □ Remove
			☐ Change
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23000) 3841493		Change.

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(If an effe Note:)	rive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filling. If the date inserted in this block does not meet the applicable statutement's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207 ory filing requirements, this date will not be listed as
he record ord is file		
Dated _	Signature of a member of authorized representation of a member of a me	
	Signature of a member or authorized repres	sentative of a member

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