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SECRETARY OF STATE

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## COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CAR DOCTOR AND PERFORMANCE LLC,

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

Please return all correspondence concerning this matter to the following:

ALCJANDRO GONZALEZ		
Name of Person		
THE CAMPOCTOR AND PERFORMANCE		
Firm/Company		
66 44 26 CORT CAST 1		
Address		
BRADENTON-FLORIDA-34243		
City/State and Zip Code		
MAGINTARNATIONAL & HOT MAIL, COM E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

ALGJANDRO GONZALEZ at (941) 228-1581

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

THE CAR DOCTOR AND  (Name of the Limited Liability Compan	PERFORMANCE LLC., y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company version of the Limited Liability Company version document number 19000000000000000000000000000000000000	vere filed on 6.26-14 and assigned
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	BRADENTON FLORIDA 34243
(Principal office address MUST BE A STREET ADDRESS)	BRADENTON FLORIDA 34243
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	6873 CORRAL CIRCLE SARASOTA FLORIDA 34243
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent: * ALEJAN	IDRO GONZALEZ
New Registered Office Address: 6644-	26 CORT EAST  Enter Florida street address
Λ -	ADENTON, Florida 34243  City Zip 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			🗆 Add		
		Camplo Rodriguez	Remove		
			Add		
			☐ Remove		
			□ Remove		
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			□ Add		
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			□ Add		
			Remove		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	y.)		
Alejandro Conzaloz (MGR)			
Presidento Sto MER			
E. Effective date, if other than the date of filing: * 1-2-14 (optional)  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after			
Dated * 11-4-14			
Signature of a member or authorized representative of a member  ALG JANDRO GONZAL CZ			
Typed or printed name of signce		OI AON Y	CHARLES ENGINEERS
	- STAT	PH 4: 25	

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Filing Fee: \$25.00