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## **COVER LETTER**

SUBJECT: MA	12005 trailer Repair LLC.	
	Name of Limited Liability Company	
The analysis Ambalas of	Amendment and fee(s) are submitted for filing.	
The enclosed Articles of A	Amendment and ree(s) are submitted for thing.	
Please return all correspoi	ondence concerning this matter to the following:	
	XIOMARA PRIGADO Name of Person	
	Name of Person	
	N/A.	
	Firm/Company	
	11/A. Firm/Company  6367 5W 14 th 5+  Address	
	Address	
	miami FC 33144	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	<del></del>
For further information ec	oncerning this matter, please call:	
XIOMARA DEL	19900 367-51	an Essential
Name of	$\frac{19400}{\text{f Person}}$ at $(\frac{786}{\text{Area Code}})$ $\frac{367-51}{\text{Daytime Telepho}}$	ne Number
		SS SS
Englosed is a check for th	ne following amount:	
\$25.00 Filing Fee	□ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ Certificate of Status Certified Copy (additional copy is enclosed)	S60.00 Filing Best Certificate of Status & Certified Copt (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

MARCOS TRAILE	R Repair	e UC.			
(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	s it now appears on o lity Company)	ur records.)		
The Articles of Organization for this Limited I Florida document number <u>L 14000163</u>	Jiability Company wer		<b>3</b>	and assigne	đ
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability	company here:			
The new name must be distinguishable and contain the		Same and State of Sta	don of LC" and so the	haminton of 1 (°)	<del></del>
·	_	ompany, the designa	non the oringan	SE SE	•
Enter new principal offices address, if appli			<del>.</del>	FO	-7
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			<u> </u>	
		<del></del>		35.55 7.55 7.55 7.55 7.55 7.55 7.55 7.55	<u> </u>
				ිසිදු <b>ල</b> තුරි <b>න</b> ේ	
Enter new mailing address, if applicable:		<del></del>		<u> </u>	_
(Mailing address MAY BE A POST OFFICE	<u> </u>		<del>-</del>	<del>- 食品                                   </del>	<u>,</u>
	_				
B. If amending the registered agent and registered agent and/or the new registered of		address on our	records. enter	the name of t	<u>he new</u>
Name of New Registered Agent:	XIOMARA 6367 SU	Del GAD	0		
New Registered Office Address:	6367 SU	U 14th 51 Enter Florida str	Rest		
	miami	City	Florida	33144	
		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 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>	Address	Type of Action
MGR	XIOMARA DRIGADO	7980 SW 4th st MIAMI FC 33144	O /\dd
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Effective date, if o	other than the date of fi sted, the date must be specific serted in this block does n e date on the Department	c and cannot be prior to not meet the applicab			ig.) Pursuant to 60	
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