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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: GET FRESH ALL. Name of Limited L.	TO REPAIR LLC iability Company
The enclosed Articles of Amendment and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the	: following:
EUGENE	SMITH Name of Person
GET FRESH	AUTO REPATR Finn/Company
4702 WF	AREHOUSE ROAP
TALLAHASS	SEE FL 32305 ity/State and Zip Code
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, please call:	
FUGENE SMTTH Name of Person	at (850) 727 6869 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 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

GET FRESH AUTO REPATR LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Li	ability Company)			
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L15 0000 6:407</u>	were filed on $1/13/2015$	and assig	ned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abb.	reviation "L.L	.C."	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4702 WAREHO	ruse	RO	Ab 2305
Enter new mailing address, if applicable:	Same			<u>-</u>
(Mailing address MAY BE A POST OFFICE BOX)		`		<u>-</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter e:	the name (of the	new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address		2	
	, Florida	Zin Code	5 7 3 1,5% 2,37	
New Registered Agent's Signature, if changing Registered Agent:	·	rap Conte	1. 1. 1. 1.	

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

Title	<u>Name</u>	Address	Type of Action
MG/R	MICHAEL DANTEL	2333 HORNE AVE #1	bb∧ □ <i></i> £
		TAMAHASSEE, FL 32300	Remove
			Change
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. If amending	gany other information, enter change(s) here: (Attach additional sheets, if necessary	· <i>)</i>	
			
<u></u>			
			
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-			
(If an effective Note: If the	date, if other than the date of filing:	ng.) Pursuant to 605.0207	(3)(the
the record) The 90t	I specifies a delayed effective date, but not an effective time, at $12:01\ a.m$ th day after the record is filed.	n. on the earlier of	
Dated 1	Detober 12th 2017.		3547
/	4		77.4
	Signature of a member or authorized representative of a member	· 1 - :	<u>၂</u>
		٠٠;	1 14.
	EUCEIVE SMITH Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00