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## **COVER LETTER**

TO:

Registration Section

Division of Corporations			
SUBJECT: La Familia	Auto Sume of Limited Liab	les & Repair	2,LLC
The enclosed Articles of Amendment and feet	s) are submitted fo	or filing.	
Please return all correspondence concerning the	nis matter to the fo	llowing:	
	<sup>2</sup> . Jelinc	Ligere ame of Person	
La F	ımılia <i>E</i>	ALHO SOLOS A J	2 epair 2, LIC
(0)	37 An	hossoclur Address	Drive
	Orland City/S	do, FL 3284 tate and Zip Code	8
F-mai	Taddress: (to be use	d for future annual report notif	ication)
For further information concerning this matte	, please call:		
Riveling Ligene Name of Person	:	at ( <u>401</u> ) <u>400</u> Area Code Daytime	- 4740 Telephone Number
Enclosed is a check for the following amount			
X \$25.00 Filing Fee ☐ \$30.00 Filing Certificate of	`Status C	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		Street Address: Registration Sec Division of Corp The Centre of T	porations
Tallahassee, FL 32314			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
	, F	lorida
New Registered Office Address:	Enter Florida street addre	ess
N - D - A - LOST A LL		
Name of New Registered Agent:		
agent and/or the new registered office address here:		
B. If amending the registered agent and/or registered office a	nddress on our records, <u>ente</u>	r the name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:	·	<del> </del>
	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL	32808
Enter new principal offices address, if applicable:	409 Barry	Street
The new name must be distinguishable and contain the words "Limited Liabil	[, , —···	C" or the abbreviation "L.L.C."
Unifi Mobile Locksmi		
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L1544444 (UU.59</u> .	- 1	
The Articles of Organization for this Limited Liability Company	were filed on 112 20	015 and assigned
(A Florida Limited L	liability Company)	
(Name of the Limited Liability Compa) (A Florida Limited I.)	ny as it now appears on our record	(P) (DH 15. 01
La Familia Autom	les a Vennikulina	bil (pu io, n i

## 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 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 2020 AU 3 24; PN 12: 01	Type of Action
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		· 	□Remove
		<del></del>	□Change
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	2020 AUG 24; PM 12: 01
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ffective date, if other than the date of an effective date is listed, the date must be specified. If the date inserted in this block do ocument's effective date on the Departm	ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 hes not meet the applicable statutory filing requirements, this date will not be listed a
is filed.	, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated August 19	The state of a member of a mem