## LF00095670

(Re	equestor's Name)
(Ad	ddress)
(Ac	ddress)
(Cil	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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SECRETARY OF STATE

15 JUN 23 PM 12: 15

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R MASON

## **COVER LETTER**

TO:

Registration Section

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JARHO ZAMO	RA	
		Name of Person	
		Firm/Company	
	7064 SW 2ND	ST	
indronie station (1974) National Maria	·.	Address	
	MIAMI, FLO	PRIDA 33144	
		City/State and Zip Code	
	UNIVERSALGENERALB	ODYSHOP77@GMAIL.COM	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please co	all: .	
JARHO ZAMORA		305 216-4894 at ( )	
Name of	Person		Telephone Number
Enclosed is a check for th	e 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

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Lim		any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{06/01/2015}{}$ and assigned				
Γhis amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
UNIVERSAL GENERAL BODY SHOP LLC						
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:		7064 SW 4 STREET				
Principal office address MUST BE A STRE		MIAMI FLORIDA 33144				
inter new mailing address, if applicable:		9201 SW 43 TERR				
Mailing address MAY BE A POST OFFICE BOX)		MIAMI FLORIDA, 33165				
3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	JAPRO ZAMO 7064 SW 4 ST	SECRETARY OF STANLED S				
	MIAMI FLOR	RIDA , Florida Zip Code Zip Code				
New Registered Agent's Signature, if changing						

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> Name **Address Type of Action** □ Add ☐ Remove ☐ Change □ Add \_□ Remove \_\_ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add \_\_ □ Remove \_ Change

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Filing Fee: \$25.00