L15000115388

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Name Change

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COVER LETTER

Engineer	Auto Sales, LLC				
SUBJECT:		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kevin Rebal				
		Name of Person			
		Firm/Company			
	2700 NE 10th Terrace	. ,			
		Address			
	Pompano Beach, Fl 33064				
	mcrebal10@gmail.com	City/State and Zip Code			
		to be used for future annual report notifica-	tion)		
For further information of	concerning this matter, please e	all;		203) ;; \2
Kevin Rebal		321 506-2079 at ()		184 IS	1. 7) - 1167
Name o	of Person		elephone Number	5 PH 2:	1387 081 2387 081
Enclosed is a check for t	he following amount:			ررا	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	tus &	is.

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enginuity Auto Sales, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	(y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 07/06/2015	and assigned
Florida document number L15000115388	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Enginuity Auto Repair, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LEC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		N = 22
		三
Enter new mailing address, if applicable:		
•		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		ज दिन
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City , Flort	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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
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e: If the d	ate inserted in	this block does the Departmen	s not meet	the applica	ible statutor	y filing requi	rements, this	date will not	be listed a
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ord specif	ies a delayed e	effective date, b	ut not an e	effective tir	ne, at 12:01	a.m. on the	earlier of: (b) The 90th da	iv after the
filed.							·		-
ed 5	11/20	020		2020	<u>)</u> .				
	L	Re	<u>_</u> /						
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