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RECEIVED

: Registration Section Division of Corporations	
	Auto Repair LLC ame of Limited Liability Company
enclosed Articles of Amendment and feet ise return all correspondence concerning the	
Ishmeo	M. A. Dunkley Jv. Name of Person
	Furn-Company
	Address
gonklers	Florida 33610 City/State and Zip Code Saytore Pair @ Granail.com
further information concerning this matter	0330
Name of Person	at (818) 710-9880 Area Code Daytime Telephone Number
losed is a check for the following amount: \$25.00 Filing Fee	Fee & \$\int \$\$ \$55.00 Filing Fee & \$\subset\$ \$60.00 Filing Fee.
Mailing Address: Registration Section	Street Address: Registration Section

COVER LETTER

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2022 1441

Grana Tou	by Auto Deaciv LLCsions
(Name of the Limited (A	Liability Company as it now appears on our records.) Liability Company as it now appears on our records.) TALLAHASSEE, FL
	ility Company were filed on 9 24 20 15 and assigned
ida document number	

s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here:

Dunkley's Auto	Repo	iir	LLC		
new name must be distinguishable and contain the words	"Limited Liability	/ Company," tl	ne designation	"LLC" or the abbrevia	tion "L.L.C."
er new principal offices address, if applicable	e:				
incipal office address MUST BE A STREET	(DDRESS)				
1					
ter new mailing address, if applicable:					
ailing address MAY BE A POST OFFICE BO	<u>X)</u>				
			,		
If amending the registered agent and/or regis		ldress on ou	r records, <u>e</u>	nter the name of t	the new registered
nt and/or the new registered office address h	<u>ere</u> :				
N. CM. D. C. LA					
Name of New Registered Agent:	 	<u> </u>			
New Registered Office Address:	<u></u>	Forter	Florida street a	-dd-sag	
		r.nier	r tortaa street a	adaress	
-		- (1)		_, Florida	p Code
		City		ZI	р Соае
w Registered Agent's Signature, if changing Reg					
ereby accept the appointment as registered a visions of all statutes relative to the proper a sept the obligations of my position as registering filed to merely reflect a change in the reginal name in the registery pany has been notified in writing of this change in the registery pany has been notified in writing of this change in the registery pany has been notified in writing of this change in the registery pany has been notified in writing of this change in the registery pany has been notified in writing of this change in the registery pany has been notified in writing of this change in the registery pany has been notified in writing of this change in the registery pany has been notified in writing of this change in the registery pany has been notified in writing of this change in the registery pany has been notified in writing of this change in the registery pany has been notified in writing of this change in the registery pany has been notified in writing of this change in the registery pany has been notified in writing of this change in the registery pany has been notified in writing of this change in the registery pany has been notified in writing of the registery pany has been notified in writing of this change in the registery pany has been notified in writing the registery pany has been notified in the registery pany has been notified in the registery pany has been notified in the register	and complete p red agent as pr istered office a	erformance ovided for	e of my dutie in Chapter (es, and I am famil 505, F.S. Or, if th	iar with and is document is
	If Chang	ing Registered	l Agent, <u>Signa</u>	ture of New Register	ed Agent

nending Authorized Person(s) authorized temoved from our records:	o manage, <u>enter the title, name, and</u>	address of each person being added
R = Manager BR = Authorized Member		
<u>Name</u>	Address	Type of Action
····		
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ne	nding any other information, enter ¢	hange(s) here: (Attach additional sheets, if necessary.)
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·1 i	ve date, if other than the date of filin	g: (optional)
fl	ective date is listed, the date must be specific and	d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	ent's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed as state's records.
		an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	ed.	
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	<u>Xel</u> a	D_LI.
	Signature of a	member or authorized representative of a member
	Ishmeal A. I	Typed or printed name of signee
		Typed or printed name of singee

Filing Fee: \$25.00