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K.SALY EXAMINER DEC 28 2015

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations SUBJECT: Fritescity Transmission and Auto Repair, L.L. Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Paul Thall St. Name of Person Firm/Company 5750 48th Street Cir & Address Braduaton, FL 34203 City/State and Zip Code Integrity Transmission & Yahoo. Com Email address: (to be used for future annual report notification) For further information concerning this matter, please call: Paul T. Hall St. Name of Person Area Code Daytime Telephone Number	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Paul 5 Hall 57. Name of Person	
Firm/Company	
5750 48th Street Cir E	
Bradunton, FL 3420Z	
integrity Transmission & Jahoo. Com E-mail address: (to be used for future annual report notification)	
Paul J. Hall Jr at (941) 400 - 8714 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certificate of Status \$\Bigcup \$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**

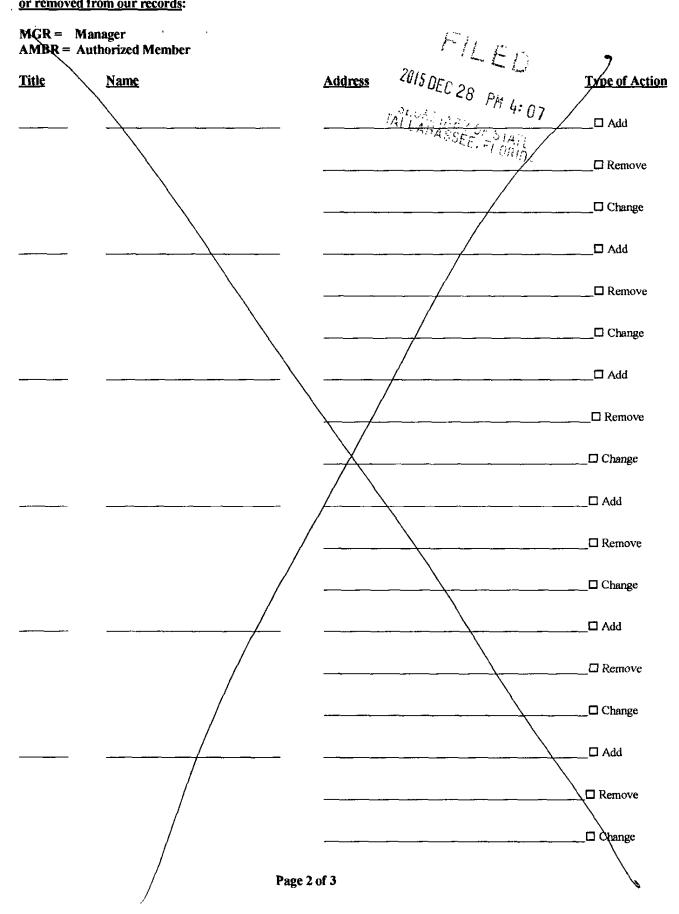
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Tritego ty Transmission (Name of the Limited Liability Company (A Florida Limited) The Articles of Organization for this Limited Liability Company		TON 2015 DEC28 FOR OUR records.) 9/25/2015 Sand assigned From 4:07
Florida document number L15 000 163255		1992
This amendment is submitted to amend the following:	****	
A. If amending name, enter the new name of the limited liab	niny company ne	re:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4505	131 st. Ave N.
(Principal office address MUST BE A STREET ADDRESS)		\# <u>2</u>
	Clearu	ater, FL 33762
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		7
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da street address
		m. 14.
	City	, Klorida 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:



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	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 eet the applicable statutory filing requirements, this date will not be listed	
record specifies a delayed effective da The 90th day after the record is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier	of:
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Filing Fee: \$25.00