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(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Sec Division of Corp			
	Pro Leather	Repair LLC		
SUBJ	JECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspoi	ndence concerning this matter	to the following:	
		Scott M. Singer		
			Name of Person	v
		Singer Law Office, P.A.		
			Firm/Company	
		301 Yamato Road, Suite 1	240	
			Address	
	:	Boca Raton, FL 33431		
	;	scottsinger@ymail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	 4
For it	urther information ec	oncerning this matter, please co	all:	2016 JAN SECRETA
Scott	t M. Singer		at () 558-7224 Area Code Daytime	
Enele		Person e following amount:	Area Code Daytime	Telephone Number of STATE
	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Pro Leather Repair LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company villorida document number <u>L15000189528</u> .	were filed on November 9, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the n
Name of New Registered Agent:		b .
New Registered Office Address:		2016
	Enter Florida street address	HASSI SE
	, Flori	da Zip Code per
New Registered Agent's Signature, if changing Registered Agent:	•	Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S	f am familiar with and S. Or, if this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Keven Fontaine	9150 rue de la Sarre	
		Levis, Quebec G6Y 0L2 Cananda	□ Remove
		(Change from"MGR" to "AMBR")	☐ Change
			☐ Remove
			☐ Change
			
			□ Remove
			Change
		 	□ Add
			ASSE Dange
			C bb/g RE
			Remove
		-T	Change
			□ Add
			☐ Remove
			🗖 Change

			
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fective date, if other than th	e date of filing:	(option	al) $\sum_{i=1}^{n}$ ~
ate: If the date inserted in this t	slock does not meet the applicable s	e of filing or more than 90 days after fill tatutory filing requirements, this d	iate will that be lizied a
cument's effective date on the l	Department of State's records.		三 表
l (C) a malada da la compa	ed effective date, but not an	offective time at 12:01 a	m on the earlier
record specifies a delaye The 90th day after the re	cord is filed.	enective time, at 12.01 a.	$\mu_{G_2}^{2}$ 0
			25 F
ted	, 2016		F 5
<i>y</i> ×	Signature of a member or authorized		

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Filing Fee: \$25.00