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5/2**3**/23 VIN

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COVER LETTER

Division of Corporations
BJECT: Northside Customs LLC Name of Limited Liability Company
e enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
Jason T. Panebjanco Name of Person Northside Customs, LLC Firm/Company 344 Sammerwind Cir. N Address Crawfordulle FL 32327 City/State and Zip Code Panedian co 1950 20 9mg, 1 com E-mail address: (to be used for Juture annual report negutication)
r further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
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\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

Northside Custom		
(Name of the Limited Liability Compa (A Florida Limited	any a√it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on May	117,2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi		rvices LLC tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20 2
		3 AP 77
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	Cin:	, Florida
	Cift	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 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
			□Remove
		 	☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			⊡Add
			□Remove
			∴ Change

11 amene	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-,	
-	
-	
Note: If	date, if other than the date of filing:
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Apr. 6 2023
	Apr. 6 2023 Image of a member or authorized representative of a member Jacon T., Panebiane of Signee Typed or printed name of signee
	Jun T. Kulm MORM