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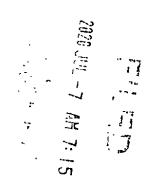
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AUG 1 9 2020 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ECT: Dobinson, Spring and Suspension USA LL(Name of Limited Liability Company
The enc	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	David Ctero Name of Person
	Debinson Spring and Suspension Usa LL Firm/Company
	10307 NW 62 Str Address
	Dord FL 33178
	City/State and Zip Code David Co Dobin Som Sa. Com E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
	Name of Person at (786) 50:84962 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
	5.00 Filing Fee
	Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

hinsons (Name of the Limited)	Or Seg	c nd Sus	pervice 1	Jan LL	292
(A	Florida Limited Li	ability Company)	, , , , , , , , , , , , , , , , , , ,		ددی دریا
. The Articles of Organization for this Limited Liabi	ility Company v	were filed on	66/03/11	and assigned	1
Florida document number LICOCICE.	<u>072</u> .		ı	•	_
This amendment is submitted to amend the following	ing:			. •	-
A. If amending name, enter the new name of th	e limited liabil	ity company here	<u>.</u> :		
The new name must be distinguishable and contain the word	ls "Limited Liabilit	ty Company," the des	ignation "LLC" or the	abbreviation "L.L.C."	•
Enter new principal offices address, if applicable	le:				_
(Principal office address MUST BE A STREET A					_
					_
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE BO	<u>DX)</u>				_
					_
B. If amending the registered agent and/or regingent and/or the new registered office address by		ddress on our rec	ords, enter the na	me of the new regist	<u>tered</u>
Name of New Registered Agent:					_
New Registered Office Address:					
		Enter Florid	la street address		
			, Florida _		-
		City		Zip Code	
New Registered Agent's Signature, if changing Reg	istered Agent:				
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this ch	and complete pered agent as period agent as period agent as period agent as period agent agent agent agent agent The complete agent ag	performance of n rovided for in Ch	ny duties, and I an napter 605, F.S. O	n familiar with and)r, if this document i	

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>	<u>Name</u>	Address	Type of Action
AMBR	Dobinson, Glen	10307 NW 62str	□Add
		10307 NW 62str Dural FL 3317E	□Remove
			\square Change
ANBR	Dibinson, Keidla	10307 NW 62 5tV Doral FL 33178	□Add
		Doral FL 33178	Remove
			S\(\angle\) Change
		<u>-</u> -	🗀 Add
			□Remove
			🗆 Change
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Note:	ve date, if other than the date of filing:
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
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ord is fil	cd.

Filing Fee: \$25.00