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. COVER LETTER

Division of Corporations	
SUBJECT: PTNHCLE AUTO GRAUP, UC 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:	
Stephen Zalka CAP.A. Firm/Company WOO So. Federal Huy. Gett 941 Address City/State and Zip Code E-mail address (to be used for future annual report natification)	
For further information concerning this matter, please call:	
Stephen Zalka (PA at (984) 914-473 U Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO;

Registration Section

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

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup_1\bigcup_000\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	were filed on The Good and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "L.I.C" or the abbreviation "L.I.C." 1662 SW 1846. Many FT 33145
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1062 W 18th ST. Mitamy FT 33145
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	ia Alejadra Rivera
New Registered Office Address:	Enter Florida street address City Florida 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

MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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	•	Mismi Lake	STE 33014 PROMOVE
	<u>.</u>		☐ Change
MOR	- Paul Guille	une 3500 SW)	3bt Ave, - Add
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

If amending a			,				-			
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