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COVER LETTER

TO: Registration Division of C	Section Corporations		
SHR IEZT.	ACC it Actor	Hive Romaica & Sale	r ill
SUBJECT:	Name of Lis	SHIVE REPORTS & Sale	
	of Amendment and fee(s) are su	C	
Please return all corre	spondence concerning this matte	r to the following:	
		Jamy M.E. Nool Name of Person	
	Allinity A	nute motive Repairs Firm/Company	& Sales LLC
		810 Lec Rd Address	
		lardo, FL 32810 City/State and Zip Code	
		nemy affinity autor	rotive Com
For further informatio	n concerning this matter, please of	call:	
<u>Jam</u>	CY H.E. N. CO.	at (407) 702-20 Area Code Daytime	Telephone Number
Enclosed is a check to	r the following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Affinity Automoti	We Repairs & Sales LUC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 1 ゆ 000 11 し</u> ら 32	mpany were filed on(e-20-\((e-20-\)	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	2019 O
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or th	1
Enter new principal offices address, if applicable:		ω
(Principal office address MUST BE A STREET ADDRE	<u></u>	<u> </u>
		<u>.</u> ∴ ∴ ∴
		C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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>	<u>Name</u>	Address	Type of Action
	 		Add
			☐ Remove
			Change
			☐ Remove
			□ Change
			□ Change
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Effecti	ve date, if oth	er than the da	te of filing:				(option	al)
lf an effe	ctive date is liste	d, the date must be	specific and cannot be prior to does not meet the applica	o date o	l'filing or mor	e than	90 days after fi	ling.) Pursuant to 605,0207 i
. 11710,	ent's effective of	date on the Depai	rtment of State's records.	ore stat	diory ming	requi	rements, this c	and will not be fisted as t
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