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(Re	equestor's Name)	
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COVER LETTER

TV: Registration Section Division of Corporations
SUBJECT: Uniti Auto BAIRS And Repair LLC 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:
Riveling Ligene Name of Person
Unifi Auto Bries And Towing LLC
409 BANNY 3t
City/State and Zip Code Revv. Rv. O guail. C. IM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Riveling Ligene at (H) 406-4746 Name of Berson at (H) Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$555.00 Filing Fee & □ \$60.00 Filing Fee.
Certificate of Status (additional copy is enclosed) Certificate of Status & 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**

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Unifi Auto Sales And	1 Repair LLC	
(Name of the Limited Liability Com (A Florida Limited)	npany as it how appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number Ll 6000210689.	iny were filed on $11-17-20$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		ida
 -	City	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>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
		- -	□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
		□Remove	
		□Add	
			□Remove
			Channa

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	te date, if other than the date of filing:
the record cord is file	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 d.
Dated _	01-25-22
	Signature of a member or authorized representative of a member
	Birdino Ligene
	Typed or printed name of signee