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DEPARTMENT OF STATE

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TO: Registration Section **Division of Corporations** 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: Firm/Company Addiress Panacea F.L. 32346 City/State and Zip Code Jman 5387 For further information concerning this matter, please call: Daytime Telephone Number

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy -

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gotor Points	Finest Repair L.	L. C	
(Name of the Limited Lial (A Flor	bility Company as it now appears or ida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Florida document number		2 of 16 and assigned	
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability company here	;	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
			_
-			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	,		
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on o ddress here:	our records, enter the name of the	e new
New Registered Office Address:			
	Enter Florid	a street address	_
		, Florida	
New Productored Agentle Signature if sharping Products	City	Zip Code	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	nt and agree to act in this ca d complete performance of m I agent as provided for in Ch ered office address, I hereby	y duties, and I am familiar with and apter 605, F.S. Or, if this document	•
	ICCL	(2) (3) (8) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	
	If Changing Registered Ager	it, Signature of New Registered Agent	,
	Page 1 of 3		•

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 83 LVCY LANC DAVACOG FLO Add □ Remove _☐ Change □ Add □ Remove _□ Change ☐ Remove _ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ⊆ Change

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fective date, if other than the date in effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department.	of filing:	licable statutory filing r	(optiona than 90 days after fili equirements, this da	nd) ng.) Pursuant to 605.020 tte will not be listed a
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