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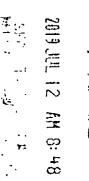
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COVER LETTER

TO:	Registration Se- Division of Corp			
eum II		Auto Repair LLC		
SUBJE		Name of Lim	ited Erability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Name of Limited Liability Company If Amendment and feets) are submitted for filing, condence concerning this matter to the following: Jonathan A. Hernandez Name of Person 20th Street Auto Riepair LLC Firm Company 1990 North Dixie Highway Address Boca Raton, Fl 33432 City/State and Zip Code 20thStreetAutoRepair@gmail.com E-mail address, (to be used for future annual report notification) concerning this matter, please call:		
			Name of Person	
		20th Street Auto Rrepair L	I.C	
			Firm Company	
		1990 North Dixie Highway	y	
			Address	
		Boca Raton, Fl 33432		
		20thStreetAutoRepair@gm		
		E-mail address. (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please co	alt:	
Jonath	an A. Hernandez			
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2:	5,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

. .

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 Lim	ited Liability Compa	ny as it now appears on Jability Company)	our records.)		
The Articles of Organization for this Limited Florida document number 1.17000069103	Liability Company			_ and assigned	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	•				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbie	visition VIII.C."	
Enter new principal offices address, if apple	icable:				
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>				
Enter new mailing address, if applicable:		Jonathan A. Hernan	dez	8,48	
(Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	201 N>W, 38th Plac	ee		
		Pompano Beach, Fl	33064		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	• •	<u>e</u> :	nr records, <u>enter th</u>	e name of the ney	
New Registered Office Address:	201 N.W. 38th	Place	•		
New Registered Office Address.	Emer Florida street address				
	Pompano Beac	h	, Florida <u>33064</u>		
				Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete	performance of my	duties, and Lam fam	iliar with and	

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Robert R. Kovari	4657 Greentree Place A	
		Boynton Beach, Fl 33436	Add
		Totymon Deach, 14 25,450	■ Remove
			Change
MGRM	Jonathan Alarcon	201 N.W. 38th Place	
		Pompano Beach, Fl 33064	Add
			2 2
MGRM	Jonathan A. Hernandez	201 N. W. 38th Place	Change
		Pompano Beach, Fl 33064	■ Add
			□ Řemove
			Change
		-	
			□ Remove
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Effective date, if o	ther than the da	ite of filing	June 28, 20			(optional)	
If an effective date is lis Note: If the date ins document's effective	erted in this block	c does not m	eet the appli	cable statutory				
ne record specific The 90th day a			ate, but n	ot an effect	ive time, at	12:01 a.m.	on the ϵ	arlier o
Dated July 8, 2019			. 1					
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		~	 		ntative of a memb			

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Typed or printed name of signee

Filing Fee: \$25.00