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# **COVER LETTER**

•	TO: Registration Section Division of Corporations
	SUBJECT: D & B TIVES and Auto Repar 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:
    -	Linh H MGayen Name of Person
	DEB Tires & Auto Repair LLC Firm/Company
	5581 101 St AUC X
	Privellas Park FL 33782 City/State and Zfp Code
	E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
Sam	Name of Person at (727) 479 - 4590  Name of Person Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
	\$25.00 Filing Fee Certificate of Status  Certificate of Status  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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	to REPAIN LLC
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L/7</u> 6000 79754	vany were filed on OH/09/17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	liability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 Changing Registered Agent, Signature of New Registered Agent

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 = Ma AMBR = Au	nnager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot does not meet the	ne applicable sta	of filing or more	than 90 days after fil	al) ing.) Pursuant t	o 605,02	
the record specifies a delayed e  The 90th day after the record		but not an e	ffective time	e, at 12:01 a.r	1. on the e	arlier	of:
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Dated 4/25	, L	<u>017.</u>					
Din	hnature of a member	-6-	epresentative of a	member		_	

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Filing Fee: \$25.00