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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tampa Bay Repair Services, 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:
Cristoffer Martinez Name of Person
Tampa Bay Repair Services, LLC Firm/Ompany
10809 N Leo Street
Tampa, FL 33612 City/State and Zip Code
TBREPAITSERVICESE Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cristoffer Martine 2 at (813) 419-0233 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 COMMONSTRUCTION TO THE HEALTH AND

VI GARAGE CONTRACTOR

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

LA' Repair	Services, LLC	
	bility Company as it now appears on our records.) rida Limited Liability Company)	
ioi i A)		_
The Articles of Organization for this Limited Liability	y Company were filed on 4 / 18/2	oln and assigned
Florida document number <u>L17000862</u>		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the li	imited liability company here:	
_		
Tampa Bay Repair S The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
		高。 第: 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
M. Mr. A. C. Carlotte		
	And the second of the second o	
B. If amending the registered agent and/or re	gistered office address on our records, en	ter the name of the new
registered agent and/or the new registered office a	ddress here:	
	•	**
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. A second and the se	
	, Florida	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 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		Type of Action Add Remove Change Add Remove Change Change	
<u>Title</u>	Name	Address	Type of Action	
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	Signature	of a member or	authorized represent	ative of a mo	ember		

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Filing Fee: \$25.00