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COVER LETTER

TO: Registration S Division of Co		·		
	y Repair Services, LLC			
SUBJECT:	Name of Lim	ited Liability Company	7/2	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
riease teturi aii corresp	ondence concerning this matter	to the following.		
	Cristoffer Martinez			
		Name of Person		
	Tampa Bay Repair Service	s. LEC		
		Firm/Company		
	10809 N Leo Street			
		Address		
	Tampa, FL 33612			
	***	City/State and Zip Code		N 50
	TBREPAIRSERVICES@G			20
	E-mail address: (to be used for future annual report notific	cation)	
For further information	concerning this matter, please c	all:		3 53°
Cristoffer Martinez		813 4190233 at ()		프론 작업
Name	of Person	Area Code Daytime	Telephone Number	JAN 27 PH 12: 08
Enclosed is a check for	the following amount:			ਹੈ
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is en	us &
<u>Mailing Addr</u>	ess:	Street Address:		

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

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

Tampa Bay Repair Services, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Con	ompany were filed on 04/18/2017	and assigned
Florida document number L17000086274		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Tampa Bay Construction Services, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
•	EGG	<u> </u>
Principal office address MUST BE A STREET ADDRE	<u> </u>	72 1 <u>70</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		ร! อูก 1/2
		08
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter t	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida

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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
		***	□Change
			□ Remove
			Change
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ective date, if other than the effective date is listed, the date muster: If the date inserted in this blument's effective date on the De	t be specific and cannot be proceed the app	ior to date of filing or mor licable statutory filing	re than 90 days after filing.)	Pursuant to 605.02 will not be listed
record specifies a delayed he 90th day after the rec		not an effective tir	me, a t 12:01 a.m. c	on the earlier
d January 22	2020	,		
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Page 3 of 3

Filing Fee: \$25.00