L17000101530

(Requestor's Name)					
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COVER LETTER

ΓO:	Registration Sec Division of Corp					
SUBJE		UTO REPAIR LLC				
SUBJE	T: Name of Limited Liability Company					
The enc	losed Articles of 7	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspor	ndence concerning this matter	to the following:			
		JUAN O RODRIGUEZ				
			Name of Person			
		CLASSIC AUTO REPAIR	LLC			
			Firm/Company			
		16920 NW 54TH CT				
For further JUAN O			Address			
		MIAMI GARDENS, FL 33	3055			
		City/State and Zip Code				
		torresjuan l 222@gmail.com				
		E-mail address: (to be used for future annual report notif	ication)		
For furtl	her information co	oncerning this matter, please ca	all:			
JUAN (ORODRIGUEZ		786 301-7005 at ()			
	Name of	Person	Area Code Daytime	Tetephone Number		
Enclose	d is a check for the	e following amount:				
□ \$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 Status & 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

CLASSIC AUTO REPAIR LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{MAY 8, 2017}}{\text{--}}$ Florida document number $\frac{L17000101530}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JUAN O SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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.

N/A

New Registered Agent's Signature, if changing Registered Agent:

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>	Name 1	<u>Address</u>	Type of Action
	MA	<u> </u>	
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			☐ Change
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Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior If the date inserted in this block does not meet the applic cument's effective date on the Department of State's records	17(optional) to date of filing or more than 90 days after filing.) Pursuant to 6 able statutory filing requirements, this date will not be li	 :05.
record specifies a delayed effective date, but no he 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the ear	lier
DECEMBER 17 2017	<u> </u>	
_	orized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00