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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

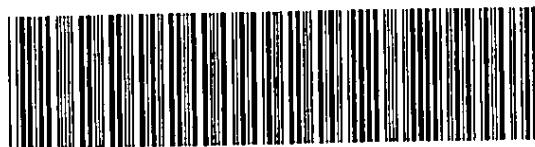
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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5/26/23
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SECRETARY OF STATE
TALLAHASSEE, FL

2023 APR 10 AM 8:41

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OZONE'S CUSTOMS PERFORMANCE AND REPAIR SHOP 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:

Esteban M.Jimenez

Name of Person

OZONE'S CUSTOMS PERFORMANCE LLC.

Firm/Company

651 N GOLDENROD ROAD SUITE N 4/5

Address

ORLANDO, FL 32825 US

City/State and Zip Code

OZONESCUSTOMSLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Esteban M.Jimenez

407

300-1564

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

OZONE'S CUSTOMS PERFORMANCE AND REPAIR SHOP 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 08/03/2017 and assigned
Florida document number L17000165645

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OZONE'S CUSTOMS PERFORMANCE LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8833 Ashton Ct.
Orlando FL 32817

FILED
2023 APR 10 AM 8:40
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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:

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.

New Registered Agent's Signature

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

Title	Name	Address	Type of Action
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[illegible]

(optional)

cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) the applicable statutory filing requirements, this date will not be listed as the

document's effective date on the Department of State's records.

record is filed.

Dated March 3/2023

Signature of a member or authorized representative of _____

ESTERBAW-M J. M. 1/22