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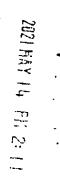
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COVER LETTER

TO:

Registration Section

Divis	ion of Corp	porations			
	WALJEAS	AUTO SERVCES N REPAIR	SLLC		
SUBJECT: _		Name of Limi	ted Liability Company		
The enclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		MICHAEL EMOKPAE			
			Name of Person		_
		HIGH END INCOME TA	X & ACCOUNTING SERVICES		
			Firm/Company	, <u>-</u>	
4320 W BROWARD BLVD. STE 5				202	
Address				-	
	PLANTATION FLORIDA 33317				
		highendaccounting@msn.cc	City/State and Zip Code		2021 HAY 14 PH 2: 11
			to be used for future annual report not	ification)	
For further in	formation c	oncerning this matter, please c	all:		-: <u>-</u>
MICHAEL E	МОКРАЕ		954 730-7673 at ()		
	Name o	f Person	Area Code Daytin	ne Telephone Numb	er
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & d Copy al copy is enclosed)
Reg	ling Addres distration S ision of C		Street Address: Registration Se Division of Co	rporations	
	. Box 632 lahassee, l		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 11/06/2017 and assigned Florida document number L17000228644 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WALJEAS AUTO SERVICES N REPAIRS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal office address, if applicable: 1109 ANGLE RD FORT PIERCE FL 34947 Enter new mailing address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 1109 ANGLE RD FORT PIERCE FL 34947 Enter new mailing address, if applicable: 1109 ANGLE RD FORT PIERCE FL 34947 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 Agent: New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Lip Code	WALJEAS AUTO SERVCES N REPAIRS LLC (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our recording the little of the li	<u>ds.</u>)	
MALJEAS AUTO SERVICES N REPAIRS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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 Agent: New Registered Office Address: Enter Florida street address Florida	The Articles of Organization for this Limited Liability Company		l assigned	
WALJEAS AUTO SERVICES N REPAIRS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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 Formula Street address Enter Florida street address	This amendment is submitted to amend the following:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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 Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida Florida Florida	A. If amending name, enter the new name of the limited liab	ollity company here:		
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(Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address FORT PIERCE FL 34947 P. S.	Enter new principal offices address, if applicable:	1109 ANGLE RD	<u>-</u>	99
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		FORT PIERCE FL 34947		<u></u>
New Registered Office Address: Enter Florida street address , Florida		address on our records, <u>ente</u>	r the name of the	e new registere
Enter Florida street address , Florida	Name of New Registered Agent:			
	New Registered Office Address:			
	•	Enter Florida street addre	288	
City Zip Code			lorida	
		City	Zip C	Tode

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 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
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			□Remove
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			□Remove
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