## L18000003304

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: <u>WOXTH-IT</u>	HUTO MOTIVE Name of Limited Liability C	· ···· · · · · · · · · · · · · · · · ·	ATR LLC
The enclosed Articles of Amendment and f    Please return all correspondence concerning			
Pado	Garcia Name o	f Person	
WORTA	+ Acto motive	& REP	AIR LLC
313	e Washingto	n St 1	unit B
Minne	ola fl	34736 nd Zip Code	
	Priz @ live	Om uture annual report no	otification)
For further information concerning this material for the formation concerning this material formation concerning the concerning this properties for the concerning the concerning this properties for the concerning the concerning this properties for the concerning the conc	at (at Arc		3 6249 me Telephone Number
Enclosed is a check for the following amou	m:		
☑ \$25.00 Filing Fee □ \$30.00 Filin Certificate	of Status Certifi	Filing Fee & ied Copy nat 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/COUI Registration Sec Division of Corp Clifton Building 2661 Executive ( Tallahassee, FL	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORTH - IT AUTOMO (Name of the Limited Liability Compa (A Florida Limited I	TIVE & REPAIR LLC
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1800003304</u>	41 1 200
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  WORTH - IT AUTOMOTIVE &  The new name must be distinguishable and contain the words "Limited Liabil	PERFORMANCE LLC
Enter new principal offices address, if applicable:	
( <u>Principal office address MUST BE A STREET ADDRESS)</u>	
Enter new mailing address, if applicable:	20 is JU
(Mailing address MAY BE A POST OFFICE BOX)	÷ 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent: PABLT	O GARCÍA
New Registered Office Address: 2041 1	Vewtown (d Enter Florida street address
-grove'	City Storida 34736 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>

If Changing Registered Agent, Signature of New 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.

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Pablo Garcia	2041 newtown rd, gr	oveland, FL,34736 ⊡Add
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		<del></del>	☐ Remove
	i		Change
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			Remove
	1		Change
			Remove
	i		Change
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			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:

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