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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| SUBJECT: TE | S Autobac Name of Limit | 14 Cosmette Re | pare, LLC | |
|--------------------------------------|---|---|---|------|
| The enclosed Articles of Amen | ndment and fee(s) are subn | nitted for filing. | | |
| lease return all correspondence | ce concerning this matter to | o the following: | | |
| | Rosa | Name of Person | Tonnes | |
| _ | | Firm/Company | - | |
| | <u>aca1</u> | Kings Cossir | ngs SW | |
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| | rivette C E-mail address. (to | brua Q Yahoo The used for future annual report notifi | cation) | |
| or further information concern | ning this matter, please cal | II: | | |
| Name of Perso | <u>ODVICEA</u> | at (<u>363</u>) <u>800 E</u> Area Code Daytime | Telephone Number | |
| nclosed is a check for the following | owing amount: DV | ready poid 11 | opsc see phochad | doc. |
| ☐ \$25 00 Filing Fee ☐ | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
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ľO:

Registration Section **Division of Corporations**

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



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2020

ROSA IVETTE GARCIA TORRES 2027 KINGS CROSSINGS SW WINTER HAVEN, FL 33880

SUBJECT: T&S AUTOBODY COSMETIC REPAIR, LLC

Ref. Number: L18000037124

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. Please return to our website at www.sunbiz.org, click on 'Reinstatement' under the filing services menu and then follow the instructions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 520A00002568

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ARTICLES OF ORGANIZATION | TO Marie | `. |
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| T & S Owto body Cosmetic Repork, | | 6.6 |
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | | `/ |

| (Name of the Limited Liability Compar (A Florida Limited L | nas it now appears on our records.) ability Company) |
|--|---|
| e Articles of Organization for this Limited Liability Company orida document number <u>L 18 0</u> 0037124. | were filed on Feb8 ₁ 2018 and assigned |
| is amendment is submitted to amend the following: | |
| If amending name, enter the new name of the limited liabi Craft FUN LLC new mane must be distinguishable and contain the words "Limited I tability to the contain the contai | |
| ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) | |
| er new mailing address, if applicable: iling address MAY BE A POST OFFICE BON) | |
| Famending the registered agent and/or registered office a t and/or the new registered office address here: | iddress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: New Registered Office Address: | Enter Florida street address |
| - | |

egistered Agent's Signature, if changing Registered Agent:

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by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is fled to merely reflect a change in the registered office address. I hereby confirm that the limited liability my has been notified in writing of this change.

of Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

| itle | <u>Name</u> | Address | Type of Action |
|------|---------------|---|----------------|
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