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WILL TO PRES

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Metro Afterhour Road Side LLC Name of Limited Liability Company
The analoged Anticles of Announding and Grace Columbia (to Grace)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARHZA Berrios Name of Person
Metro Afterhous Roadsich LCC
607 Endsley Ave Address
Altamonte Spring FL 32701 City/State and Zip Gode
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marit 24 Berrios at 407, 9491727 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Programmer Registration Section Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metro Ackahow Roadside LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(Name of the Brinn	(A Florida Limited I	iability Company)		
The Articles of Organization for this Limited L. Florida document number L 18 0000	_	were filed on Feb. 27, 20	and assi	gned
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of MCHRO'S AFK. The new name must be distinguishable and contain the w	rhour	Haulens UC ity Company," the designation "LLC" or the		.C."
Enter new principal offices address, if applic		1007 Endsley A	ue N	
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>	ALTAMONTE Spr 32701	ing FL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	SAME		
B. If amending the registered agent and/ registered agent and/or the new registered of			ter the name o	f the nev
Name of New Registered Agent:	SAME		7211 7311 7311	
New Registered Office Address:		Enter Florida street address		in
		City	Zip Code	J
New Registered Agent's Signature, if changing R			- E	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in writing	er and complete p stered agent as p registered office o	performance of my duties, and I a rovided for in Chapter 605, F.S.	ım familiar with Or, if this docun	and 1ent is

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 Nicole Merrios 32701 MARITA BERRIOS 607 Enclosery AVE BADO ALTAMONK Spring FL - Remove ☐ Change _□ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ्रद ⊡≭Remove o □ Remove ☐ Change

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×	ective date is listed, the date mus	st be specific and ca	nnot be prior to dat	e of filing or more	han 90 days afte	r filing.) Purs	uant to 605.0
m effe				tatutory filing re	quirements, thi	is date will r	ot be listed
m effe ote:	If the date inserted in this blent's effective date on the D	epartment of Stat	e's records.				
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Filing Fee: \$25.00