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COVER LETTER

то:	Registration Sec Division of Corp			•
	THE BRO	THERS AUTO SHOP & REC	CYCLING LLC	
SUBJE	.C1:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JUAN DE LA CRUZ		
			Name of Person	
		THE BROTHER AUTO S	HOP & RECYCLING LLC	
		<u></u>	Firm/Company	
		2350A VULCAN RD		
		- 	Address	
		ORLANDO FL 32809		
		-	City/State and Zip Code	
		juancitodelacruz2224@gn		
			to be used for future annual report notifi	canon
For fur	ther information c	oncerning this matter, please c	all:	
JUAN	DE LA CRUZ		407 267-4633 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ S2	5.00 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 Addres Registration S		<u>Street Address:</u> Registration Sec	tion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BROTHERS AUTO SHOP & RECYCLING LLC	<u> </u>
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 03/07/2018 and assigne
lorida document number L18000060331	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
THE BROTHERS AUTO SHOP LLC	
he 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)	220
Tracipal office dudress stort be 71 STREET TODAY	2020 DE C
	7 2
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
 If amending the registered agent and/or registered office ad- 	dress on our records, <u>enter the name of the new re</u>
gent and/or the new registered office address here:	
Name of New Registered Agent:	<u> </u>
M. D. Carlotte, M. Britan	
New Registered Office Address:	Enter Florida street address
	Planta
	, Florida Circ 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.

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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an effective date is	other than the date of filing: isted, the date must be specific and canno	t be prior to date of filing or	r more than 90 days after fil	ing.) Pursuant to 605,020
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