L18000070640

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SECRETARY OF STATE TALLAMASSEE, FL

COVER LETTER

TO: Registration So Division of Co					
(3.8.1.4% E.C.) (2.7.1%)	INGSHOT RENTALS LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ALEXANDER A ROSAI	BAL .			
		Name of Person			
	Alexander	A hosabol			
		Firm/Company			
	3435 E 1 ST CT		•••		
		Address			
	HIALEAH, FI, 33013				
		City State and Zip Code			
	alexander0047706(a;gmail.)	com to be used for future annual report not	(ification)		
For further information c	oncerning this matter, please c	·	,		
ALEXANDER A ROSA	BAL	786 617-5169			
Name of Person			ne Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)		
<u>Mailing Addres</u> Registration S		Street Address:	action		
Division of C		-	Registration Section Division of Corporations		
P.O. Box 632		The Centre of			
Tallahassee, l	*1, 52514	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI SLINGSHOT RENTALS				
(Name of the Lim	(A Florida Limited	i ny as it now appe Ciability confer _e	ars on our records.)	
The Articles of Organization for this Limited I Florida document number 1.18000070640		were $\mathbb{R}^{4 + 1}$ on $\frac{0}{2}$	03/19/2018	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company	here :	
PROFESSIONAL AUTOBODY COLLISION LE	.C			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Conquery," the	designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		3435 E 1 ST C	CT CT	
(Principal office address MUST BE A STREA		HIALEAH, FI	L 33013	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ШАLЕАН G2	THAVE UNIT 20 ARDENS, FL 33016	SECRETALLANIASSEE
B. If amending the registered agent and/or agent and/or the new registered office addresses and the second	.,	address on our	records, <u>enter the name (</u>	of the new regist
Name of New Registered Agent:	ALEXANDER	EROS VOM.		
New Registered Office Address:	11710 TAFT S			
	PEMBROKE PINES , Florida 33026-2043		5-2043	
		City	, 1 10) tud	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 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 thereby confirm that the limited liability company has been notified in writing of this change.

If Changing R.

Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
AMGR	ALEXANDER E ROSABAL	11710 TAFT STEDUNDROKE PINES, FL 33026	
			□Remove
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<u>ite:</u>	re date, if other than the date of filing: 11-18-2022 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
ecorc is file	specifies a delayed effective date, but not an effective time, at 12%1 a bit on the earlier of: (b). The 90th day after the
ited_	1/15/2022
	Signature of a member or authorized representative of a member