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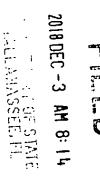
(R∈	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	<del>r)</del>
PICK-UP	WAIT	MAIL.
(Bu	isiness Entity Name	·)
(Dc	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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C. GOLDEN

DEC - 6 2018

## **COVER LETTER**

TO:	Registration Se Division of Cor		· .	
		AU REPAIR LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Louis Petit		
		NOUVEAU REPAIR LLC	Name of Person	
		5641 California Avenue ap	Firm/Company ot 602	
		Jacksonville, Florida 3224	Address	<del></del>
		petitl2j@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	ication)
For fu	irther information c	oncerning this matter, please ca	all:	
Louis			347 528-1886	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
□ \$:	25.00 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 ADDRESS:

TO:

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

### STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 DEC -3 AM 8: 14

NOUVEAU REPAIR LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company Limited Liability Limited Liability Company Limited Liability Company Limited Liability Company Limited Liability Company Limited Liability Limited Liability Company Limited Liability Limited Liability Limited Liability Company Limited Liability Limited

#### New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida \_\_\_

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>	<u>Name</u>	Address	Type of Action
			Add
		····	□ Remove
			Change
			Remove
			Change
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			Remove
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(If an effective Note: If the		ecific and cannot be prior to dat oes not meet the applicable s	e of filing or more than 90 days a	ptional) offer filing.) Pursuant to 605.0207 (3) this date will not be listed as the
	specifies a delayed effe th day after the record i		effective time, at 12:0	1 a.m. on the earlier of:
Dated	November 27	2018		
	/ m	- Petit		
-	Signa	ture of a member or authorized	representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00