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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	()
PICK-UP	WAIT	MAIL
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(Dc	ocument Number)	
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COVER LETTER

TO:	Registration Sec Division of Corp					
arra		AUTO PAINT REPAIR LLC				
20B	JECT:	Name of Lim	ited Liability Company			
The e	nclosed Articles of z	Amendment and fee(s) are sub	mitted for filing.			
Pleas	e return all correspor	ndence concerning this matter	to the following:			
		ALEJANDRO GARCIA				
		QUALITY AUTO PAINT	Name of Person REPAIR LLC			
		2614 FOUNTAIN VIEW	Firm/Company CIR APT 106			
	Address					
		NAPLES, FLORIDA 34			2018 FALL	-7
		jesicaprincipe@gmail.con	City/State and Zip Code n		SEP 24	
For fi	urther information co	E-mail address: (to be used for future annual report notificall:	cation)	min 🛣	
ALE.	JANDRO GARCIA		954 662-2878		8: 28 5 173 5 1 03 10	.
	Name of	Person		Telephone Number		
Enclo	sed is a check for th	e following amount:				
≅ \$	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

4 1 a

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

QUALITY AUTO PAINT REPAIR LLC

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

The Articles of Organization for this Limited Liability Co	ompany were filed on SEPTEMBER 6, 2018	_ and assigned
Florida document number L18000213063	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
QUALITY AUTO PAINTING AND REPAIR LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		e name of the nev
The second secon	<u>ess nere</u> .	
Name of New Registered Agent:		
	<u> </u>	2018
New Registered Office Address:	Enter Florida street address	S
	Harita V	TO economi
		Zīp Code
New Registered Agent's Signature, if changing Registered	Agent:	S = 11
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co.	mplete performance of my dutics, and I am fan	illiar 🖦 and
accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.		

If Changing Registered Agent, Signature of New Registered Agent

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> <u>Address</u> Type of Action _□ Add _□ Remove __ □ Change \square Add _□ Remove _□ Change _□ Add _□ Remove 🗆 C**he**nge 24 Remove Change _____ 🗀 Add ☐ Change ____ □ Add _____ Change

								
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Effectiv	e date, if other than the date of tive date is listed, the date must be speci	filing:		_	(optic	onal)		
(If an effe <u>Note:</u>	tive date is listed, the date must be speci if the date inserted in this block does	fic and cannot to not meet the	be prior to date applicable st	of filing or more atutory filing re	than 90 days after equirements, this	tiling.) Pursua date will no	ant to 605. of be liste	.0207 ed as
docume	nt's effective date on the Departmen	it of State's re	ecords.					
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Dated_	9/20/18-							
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Filing Fee: \$25.00