L18000279792

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Office Use Only



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COVER LETTER

TO: Registration S Division of Co		•			
BRIANT A	AUTO SHOP LLC .				
SUBJECT.	Name of Lin	nited Liability Company			
en					
The enclosed Articles of	Amendment and fee(s) are sub	onutted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LUIS B RINCON PEREZ	;			
		Name of Person			
		Firm/Company			
	2358 BLUE SAPHIRE CI	RCLE			
		Address			
	ORLANDO FL 32837				
	LUISRINCON2618@GMA	City/State and Zip Code		2019 JAH 29	
	E-mail address: (to be used for future annual report notific	ation)	祖景	المحتجدة المحتجدي
For further information of	concerning this matter, please c	all:	1/3		97.
LUIS B RINCON PERI	3Z	407 569 at ()	- 5653	PH C	ا و سودن ما و
Name C	of Person	Area Code Daytime T	Felephone Number	FL. CK10A	
Enclosed is a check for t	he following amount:				
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fifing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Cente	ions		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIANT AUTO SHOP LUC		1
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	- -
V	Company	
he Articles of Organization for this Limited Liab	ility Company were filed on 12/5/2018	and assigned
lorida document number L18000279792	·	
his amendment is submitted to amend the following	ing:	
. If amending name, enter the new name of th	e limited liability company here:	
RAYAN AUTO SHOP LLC		
e new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	bbreviation "L.L.C."
nter new principal offices address, if applicabl	e:	1
Principal office address MUST BE A STREET A		
	10011200)	-
	· · · · · · · · · · · · · · · · · · ·	
nter new mailing address, if applicable:		
<u> Iailing address MAY BE A POST OFFICE BO</u>	<u></u>	
**		
If amending the registered agent and/or gistered agent and/or the new registered office	registered office address on our records, enter	the name of the n
piecerea agent analor the new registered office	e address here.	
		> 1 =
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		23
-	Enter Florida street address	(A) (G)
	Enter Florida street address, Florida City	(A) (B)

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 Changing Registered Agent, Signature of New Registered Agent

It amending or removed	Authorized Person(s) authorized to m from our records:	nanage, <u>enter the title, name, an</u>	d address of each person being add
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
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r amending	any other information, enter change(s) here: (Attach ad	dditional sheets, if necessary.)
		
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an effective dat Fote: If the da	, if other than the date of filing: e is listed, the date must be specific and cannot be prior to date of filing to inserted in this block does not meet the applicable statutory ective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
The 90th o	ecifies a delayed effective date, but not an effection and affection after the record is filed.	
	01.20. 2019 Luy	
ated		Ω
	Signature of a member or authorized represent	ative of a member
	LUIS B RINCOL Typed or printed name of signs)

Page 3 of 3

Filing Fee: \$25.00