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(Requ	estor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT:	Name of Limit	ruice Ref	pouir Ll	<u>-</u> <u>C</u>
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.		
Please return all correspond	ence concerning this matter to	the following:		
	N 906	n Lemus) Name of Person		
		Name of Person		
	NL S	Dervices De Firm/Company	pair LL	<u>.C</u>
	391 N	E 33 Terr		
		Address Former Head City/State and Zip Code		
	noslen 27190 E-mail address: (to			
For further information con-	cerning this matter, please cal	•	report notification,	
	larona erson		417918	7
Name of P	erson	Area Code	Daytime Teleph	ione Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

-MAILING ADDRESS:

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

(Name of the Limited Liability (A Florida	vice Repair	LLC	
(Name of the Limited Liability (A Florida	Company as it now appears of Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>LP000011015</u> 4	ompany were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here	<u>:</u> :	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the desi	ignation "LLC" or the	
Enter new principal offices address, if applicable:			16
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			22
B. If amending the registered agent and/or regist- registered agent and/or the new registered office addr		our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
		, Florida _	
	City		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 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>	Address	Type of Action
<u>M6R</u>	Marilyn Varona	391 NE 33 Terr, Homestead, FL 330 33	IF Add
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<u>iote:</u> If t	he date inserted is	nan the date of fi date must be specific in this block does no in the Department of	ot meet the ap	plicable statutory	or more than 90 days filing requirements	optional) safter filing.) Pursuant (s. this date will not b	to 605.0207 e listed as
		delayed effectiv he record is file		not an effecti	ve time, at 12:	01 a.m. on the ϵ	earlier of
	Janu	am 15=1	4. 201	<u> </u>			
ated		0 1/					
ated		7 1 1	1/	authorized represent	ative of a member		

Page 3 of 3

Filing Fee: \$25.00