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TALENHASSEE FLORIDA

KREWELLY KRY 28 303

COVER LETTER

ΓΟ: Registration Sec Division of Corp		•	* •	ř
SUBJECT:	D-1 AUTU E	PPAIR LLC ed Liability Company		
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspon	dence concerning this matter to	the following:		
	Patricia	Pollary Name of Person		_
	A.F.S	Firm/Company		_
	12534 u	Oiles Pcl Address		_
		Orings FL City/State and Zip Code		_
	PATRICIA E-mail address: (10	be used for future annual repor	mail LOM	-
For further information co	ncerning this matter, please call	1:		
Pateicia Name of	Person	at (<u>G54</u>) 20 Area Code D	55 3848 Paytime Telephone Numb	er
Englosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certifie	Filing Fee, cate of Status & ed Copy nal 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

D-1 AUTO	Repair LLC FILED
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company) 20日 HAY 13 人 []: 以8
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on 1/25/19 ALL RYASSEL HUBBUR
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1840 North State Rd 7
(Principal office address MUST BE A STREET ADDRESS)	Margate FL 33063
Enter new mailing address, if applicable:	1840 North State Ref 7
(Mailing address MAY BE A POST OFFICE BOX)	1840 North State Poli 7 Murgate FL 33063
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	1, Duy
New Registered Office Address: 1840	N. State Pd 1 En:er Florida street address
_ Marc	City Florida 33063 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

Page 1 of 3

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>	Name	Address	Type of Action
mar	DOAN Duy	1840 North State Rd.	1_□ Add
	,	1840 North State Rd. Margale FL 33063	Remove
			⊠ Change
			Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
-			□ Add
			Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing: 5 6 19 (optional) (If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o) The 90th day after the record is filed.	of:
Dated May Lo 19	
Signature of a member or authorized representative of a member	
yped or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00