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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WEDO TAXES MULTISERVICES LLC

Account Number : I20230000121 Phone

: (305)432-3966

Fax Number : (305)960-7096

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email 1	Address:	
	7,001,0331	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FTP RENT A CAR & BODYWORK LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

M. SOLOMON

JUN 14 2024

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## **COVER LETTER**

TO: Registration S Division of Co	Section rporations				
FTP R SUBJECT:	ENT A CAR & BODYWORK	CLC			
30MEC1:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
:	FELIX PEDRO MAR	TINEZ			
		Name of Person	-		
		Firm/Company			
	11376 NW 2 ST			24	
	***************************************	Address	<del></del>	) = E	
	MIAMI FL 33172			11:31HJ 11 mil	
	City/State and Zip Code WEDOTAXES801@GMAIL.COM				
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ት;	E-mail address: (	to be used for future annual report notif	ication)	7	
For further information c	oncerning this matter, please c	all:			
FELIX PEDRO, MAR	TINEZ	786 660 63 63			
Name o	f Person		Telephone Number		
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres	۲۰	Street Address			

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

11.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FTP RENT A CAR & BODYWORK LLC		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp.	ppears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed o	02/13/2019	and assigned
Florida document numberL19000043948		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ay here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the	abbreviation "L.L.C." C
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
7.:		
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:  Enter	r Florida street address	
City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		-
l hereby accept the appointment as registered agent and agree to act in t	this capacity. I further a	gree 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
. 6 6 0	6 · · · A

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
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ecord specifies a delayed	effective date. but n	nt an offective tin	ne at 15th a m	on the eurlier of:	(b) The Ofth day	after th
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<del></del>	Signature of	a member or author	ized representativ	of a member		_

Filing Fee: \$25.00