1190000 51506

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

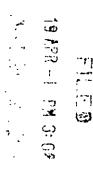




900326810599

04/01/13--01827--083 *•30.00

S TALLENT APR 1 0 2019



Mord

COVER LETTER

	istration Sec ision of Corp		•	
SUBJECT:		BODY SHOP LLC		
SUBJECT.	•	Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		MARIA AUXILIADORA	ARGUEDAS MEJIA	
			Name of Person	
		TICO CAR BODY SHOP	LLC	
			Firm/Company	
		1102 TUCKER AVE		
			Address	
		ORLANDO, FL 32807		
			City/State and Zip Code	
		LANENA69_809@HOTM		\checkmark
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
MARIA AU	JXILIADOR/	A ARGUEDAS MEJIA	407 548-4691	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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

TICO CAR BODY SHOP HIS

TICO CAR BODY SHOP ELC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our r	ecords.)
		2/21/2019
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
lorida document number L19000051506		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
N/A		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	£ 19
Principal office address MUST BE A STREET ADDRESS		B m
Timethal Office address MOST DLASTREET AIDITES		
Enter new mailing address, if applicable:	N/A	達 選
•		
Muning address MAT BE A POST OFFICE BOX	·	•
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered registered agent and/or the new registered office address l		*
Name of New Registered Agent: N/A		
New Registered Office Address: N/A		
_ _	Enter Florida street d	address
		, Florida

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

Title _	<u>Name</u>	<u>Address</u>	Type of Action
AMR MGR	PEDRO EMMANUEL HIEYE	1102 TUCKER AVE ORLANDO, FL32807	
			■ Remove
MGR			Change
AMBR	RUDY ANTONIO PERAZA	1102 TUCKER AVE ORLANDO, FL 32807	□ Add
			■ Remove
			Change
MGR	MARIA AUXILIADORA ARGUEDAS MEJIA	1102 TUCKER AVE ORLANDO, FL 32807	■ Add
			Remove
			Change
SEC	LEYSI E. ARIAS	1102 TUCKER AVE ORLANDO, FL 32807	■ Add
			Remove
			Change
			□ Remove
			Change
			Add
		-	Remove
			Change

N/A 				
				
	-			
				
				
-				
			·	
 -				
			· <u>- </u>	
	-			
Tective date, if other than the	03/27/2018 date of filing:		(optional)	
Tective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this bloom	be specific and cannot be prior to	date of filing or more than	an 90 days after filing.) Pursua	nt to 605.0207
ocument's effective date on the De		he statutory titing requ	mements, this date will not	. De fisieu as
record specifies a delayed		an effective time,	at 12:01 a.m. on the	earlier of
The 90th day after the rec	ord is filed.			
MARCH 27	2019			
ated MARCH 27	·	_ ·		
MAGINE A 4 A	TATA TALL			
77.2	Signature of a member or author	ized representative of a n	nember	
	Signature of a member or author	ized representative of a n	nember	

Page 3 of 3

Filing Fee: \$25.00