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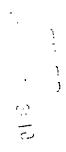
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COVER LETTER

TO: Registration Se Division of Con			
	R BODY SHOP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LEYSI ARIAS		
		Name of Person	
	TICO CAR BODY SHOP	LLC	
		Firm/Company	
	1102 TUCKER TUCKER	AVENUE	
		Address	
	ORLANDO, FL 32807		
		City/State and Zip Code	
	LANENA69_809@HOTM		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
LEYSI ARIAS		407 548-4691	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of 7	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	ility Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability		
lorida document number L19000051506	·	
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
N/A		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	N/A	<u>:</u>
Principal office address MUST BE A STREET ADD	ORESS)	; · · · · · · · · · · · · · · · · · · ·
]
nter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		
		. 0
. If amending the registered agent and/or register gent and/or the new registered office address here		enter the name of the new regis
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street o	ıddress
		_, 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
SEC	ARGUEDAS MEJIA, MARIA A.	1102 TUCKER AVENUE	
		ORLANDO, FL 32807	■Remove
			□ Change
MGR	PICHARDO ARIAS, RANDY D.	1102 TUCKER AVENUE	🗏 Add
		ORLANDO, FL 32807	□ Remove
		·	□Remove
			□ Change
_			
			Remove
			Change
			☐Remove
			□ Change ; ``` □ Add
			□ Change

Fective date, if other than the date of filing: N/A (optional)	<u> </u>				
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