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Name of Lim	ited Liability Company		
lment and fee(s) are sub	omitted for filing.		
e concerning this matter	to the following:		
ICTORIA MORAES			
	Name of Person		.
SSELFIS INTERNATIO	ONAL LLC		
	Firm/Company		
901 KINGSPOINTE PA	RKWAY #10		
	Address		
RLANDO F1. 32819			
CTORIA@ASSELEIS (;	
		l report notification	1}
ing this matter, please ca	all:		
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	at ()		
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n	Registi	ration Section	
	Name of Lim Iment and fee(s) are subsection of the concerning this matter ICTORIA MORAES SSELFIS INTERNATION ON KINGSPOINTE PA RLANDO FL. 32819 CTORIA@ASSELFIS.O E-mail address: (ing this matter, please concerning this matter) In the concerning this matter is a subsection of the concerning this matter.	Name of Limited Liability Company Iment and fee(s) are submitted for filing. In concerning this matter to the following: In concerning this matter to the	Name of Limited Liability Company Idential and fee(s) are submitted for filling. In concerning this matter to the following: In concerning this matter to

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOP REPAIR LLC

(Name of the Limited Liability (Company as it now appears on our rec mited Liability Company)	cords.)
(A FRITOR DE		EFF: 02/25/2019
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
Florida document number L19000054351		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	f Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
		- 13 m
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		20
		?
		35
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agentheing filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties at as provided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is

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
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
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neffective date is listed, the date mu te: If the date inserted in this b	ust be specific and cannot be priobled the appli	r to date of filing or more the cable statutory filing rec	nan 90 days after filing.) I Juirements, this date w	ill not be listed as
cument's effective date on the I				
	ve date, but not an effective (time, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
cord specifies a delayed effective				-
s filed.	2020			
s filed. APRIL 29	2020			
s filed. APRIL 29	2020	<u></u> .		
s filed. APRIL 29	·	<u> </u>		
APRIL 29	2020 Signature of a member or auth	norized representative of a	member	