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COVER LETTER

ONE STOP REPAIR LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE L. DANIEL Name of Person ONE STOP REPAIR LLC Firm/Company 6925 West 29th Ave Apt. D-206 Address HIALEAH, FL 33018 City/State and Zip Code ldds12@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jose L. Daniel 561 847-5928 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

ONE STOP REPAIR LLC

2020 1 26 PH 3: 1.2

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/09/2019 and assigned Florida document number 1.19000067574 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1255 West 49th Place Apt. A 201 Hialeah, FL 33012 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Luis Daniel Name of New Registered Agent: 1255 West 49th Place Apt. A 201 New Registered Office Address: Enter Florida street address

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.

City

Hialeah

If Changing Registered Agent, Signature of New Registered Agent

__, Florida 33012
Zip Code

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
MGR	Jose Daniel	1255 West 49th Place A-201 Hialeah, FL 33012	
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