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COVER LETTER

TO:	Registration Division of C		s				
SUBJE	ст:	H P	Rame of I	Sev()	ility Company	.C	
The end	losed Articles o	of Amendme	ent and fee(s) are	submitted fo	or filing.		
Please r	eturn all corres	pondence co	oncerning this mat	ter to the fo	ollowing:		
			Joel 1	70x70	ame of Person	onsalez	
			UH Re	Pair	irm/Company	es LLC	
			6918	<i>N</i>	Hobert	Ave	
			Tami	∞ F	<u> 3361</u>	4	
			·	City/S	tate and Zip Code	•	
			F-mail addres	s: (to be use	d for future annual repor	t notification)	
For furt	ner information	concerning	this matter, please			V	
<u> </u>	xel Hov	of Person	Gonzal	<u>165</u> ;	1 (83) 26 Area Code D	3-0856 aytime Telephone Number	_
	d is a check for	the followi	ng amount:				
54. \$2 5	00 Filing Fcc		.00 Filing Fec & ertificate of Status	C	5.00 Filing Fee & Pertified Copy additional copy is enclosed	□ \$60.00 Filing Certificate o Certified Co (additional cop	f Status &
	Regis Divis P.O.	LING ADE stration Section of Corp Box 6327 hassee, FL	ion orations		Registration S Division of C Clifton Buildi	orporations ng ge Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NH Repair	Sevo	rices LL	_(_ =	2019: Sēk	
(Name of the Limited Liab (A Flor	ility Company ida Limited Liab	as it now appears on out olity Company)	r records.)	SEF 3	म्बर्गा वि]
The Articles of Organization for this Limited Liability Florida document number <u>LQOOO77</u>	i	ere filed on	<u>3/50/50</u>	And assigned	ed-
This amendment is submitted to amend the following:	1		r	- 5 - 5	
A. If amending name, enter the new name of the li	mited liabilit	y company here:			
	· 				
The new name must be distinguishable and contain the words "L Enter new principal offices address, if applicable:	imited Liability	Company," the designati	on "LLC" or the abb	reviation "L.L.C.	
(Principal office address MUST BE A STREET ADI	<u>DRESŠ)</u>	Tampo	FL ?	<u> 23614</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6918 Tumpa	N Hub	er / An 33614	<u>se</u> —
B. If amending the registered agent and/or reg	•	e address on our	records, <u>enter (</u>	he name of	the new
Name of New Registered Agent:	Jæl	Houtade	o Cor	ralez	
New Registered Office Address:	6918	N Hube Enter Florida stre	et address	2	
	Jamp	City	, Florida	336\\ Zip Code	4_

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>		<u>Address</u>			Type of Action
<u>MGR</u>	Woel Hurtada	o Gonzalez	6918	NHO	pps/f	Ace Add
			Tampa	FL	3361	<u> </u>
			1			Change
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D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Soplember, 24 2019
	Signature of a member or authorized representative of a member
	Weel Hurtado Consales Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00