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COVER LETTER

Registration Section Division of Corporations

TO:

Yoel Naivi SUBJECT:	Isuzu Truck Repair LLC				
Name of Limited Liability Company					
•	í.	* •	•		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Yoelkys Cancte Dorta				
		Name of Person			
	Yoel Naivi Isuzu Truck R	epair LLC			
		Firm/Company			
	15979 SW 308 Street				
		Address	· · · · · · · · · · · · · · · · · · ·		
	Homestead, FL 33033				
		City/State and Zip Code			
	yoelmyflorida@yahoo.com	I.			
	E-mail address: (to be used for future annual report not	ification)		
For further information of	oncerning this matter, please c	all:			
Yoelkys Canete Dorta		786 720-1870			
Name o	f Person	at () Area Code Daytin	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 Division of Corporations P.O. Box 6327 Tallahagaa, FL 32214		Street Address: Registration Se Division of Co The Centre of T	rporations		
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FI	pe Street, Suite 810 _ 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOEL NAIVI ISUZU TRUCK REPAIR LLC

(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 Liab	ility Company were filed on 05/21/2019	and assigned
Florida document number 119000129996	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
Isuzu Truck Service and Repair LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered and/or the new registered office address because of New Registered Agent:		e name of the new registe
Manie of New Registered Agent.		-
New Registered Office Address:		<u> </u>
	Enter Florida street address	RND:
-	, Floric	
	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 a 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□Change
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
-			□Add
			□ Remove
		<u></u>	□Change
			□ Add
			□Remove
			□Change
- 			□ Add
			□Remove
			Change

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