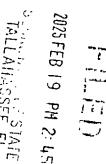
(Requestor's Name)	
(Address)	90044472
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	02/18.43501020
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: Amendment Name Change	
	o Tai

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Alfa ATV'S & Motorcycles Repair LLC 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:		
Juan A Negron		
Name of Ferror		
Firm/Company		
7640 Boreas Dr.		
Delando, FL: 32822		
City/State and Zip Code		
Drlando, FL. 32822 City/State and Zip Code lizcarracho5510 40h oo · Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call;		
$T = 0 \text{Negrotion} \qquad \text{In } 100 - 031.2$		
Juan A · Negron at (407) 1692 - D3163 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

0	F	
Alfa Atv's & Moto	orcycles Pepair 26	OF B LO PH 2: 1.5
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	iability Company)	LLAIINGE STATE
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L19000198577}{L19000198577}$.		LLAHASSE TATE and assigned FL
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability".	mirUC	breviation "L.L.C."
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)	7640 Boreas dr Orlando FL 3282	2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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 amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
H	ello,
] C tr	am only changing the name of the ompany from: Alfa ATV's Motorcycles repair Los : Water Toys Tet Ski Repair.
	he business adress remains the same.
(If an effectiv <u>Note:</u> If th	date, if other than the date of filing:
the record spectral is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00