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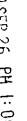
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
·	
SUBJECT: Ultimate Alloy Repair, LLC Name of Limited Liability Company	
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:	
Henry Werner Name of Person	
Name of Person	
Ultimate Alley Repair	
r ittii Company	
Maple St. Address	
Address	
Flagler Beach FL 32136 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Henry Werner 1 904, 347-1077	
Henry Werner at (964) 347-1077 Name of Person Area Code Daytime Telephone Number	
in the state of the property of the state of	
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 Statu	us &
(additional copy is enclosed) Certified Copy (additional copy is enc	:losed)
MAILING ADDRESS: STREET/COURIER ADDRESS:	

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ultimate	Allon Repair, LLC	2019 SEP 26 PM 1: 06
(Name of the Limited	Alloy Repair LCC Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial	bility Company were filed on 8 26 19	and assigned
Florida document number <u>L19000218179</u>	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, ece address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florie	la

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>	Address	Type of Action
AMBR	Henry Werner	17 Maple St.	⊠ Add
Please	Henry Werner just add me as red member, Also keep	Flagter Beach, FC	Remove
	manager as well.	32136	
Thank you	ν ου		Add
			□ Remove
			Change
			
			□ Remove
			☐ Change
			
			Remove
			Change
		;	Remove
			Change
			
			Remove
			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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antive	date, if other than the date of filing: (optional)
effecti	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.
te: If umen	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
he 90	Oth day after the record is filed.
ed	9/23/19
	1 AA
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00