Division of Corporations

→ 18506176383

⊙ 05/26/2020 6:16 AM^{*} 5/26/2020



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC. . .

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALMIRA BODY SHOP LLC

Certificate of Status	0
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Page Count	04
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MAY 27 2020

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION 20 HAY 26 AM 11: 26

	OF	*•	
		r r	$i. \hat{\lambda}, \hat{L}$
PALMIRA BODY SHOP LLC			1.
(Name of the Lim	ited Liability Company as It now apper (A Florida Limited Liability Company)	ers on our records.)	
he Articles of Organization for this Limited I	Liability Company were filed on $\underline{0}$	1/03/2020	and assigned
lorida document number L20000009921		•	
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liability company b	<u>iere</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the	e abbreviation "L.L.C."
inter new principal offices address, if appli			
Principal office address MUST BE A STRE		·	
-MACIPAL OFFICE AMARES MICEL PLE A STREE	LI ADDALSOI		
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		
		_	
3. If amending the registered agent and/or	registered office address on our	records, enter the n	ame of the new regu
gent and/or the new registered office addr	ess nere:		
	Orlando Leyva Almaguer		
Name of New Registered Agent:	Ottako Lej ta i maga-		····
New Registered Office Address:	1108 W 70th Pl		
TOT DEPARTMENT	Enter Flo	orida street address	22014
	Hialeah	, Florida	33014
	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

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If amending Authorized Person(s) authorized to manage,	enter the title	, name,	and a	ddress (of each	person	being :	<u>added</u>
or removed from our records:								

MGR =	Manager	
AMBR =	Authorized	Member

•	• •	i)

AMBR = A	uthorized Member	2020 MAY 26 Aii II:	26
<u>Title</u>	<u>Name</u>	Aduress	Type of Action
AMBR	CID, HEIDI	8845 NW 117 ST	CAdd
		HIALEAH GARDENS, FL 33016	Remove
			Change
AMBR	Orlando Leyva Almaguer	1108 W. 70th Pl	≅Add
		Hialeah FL 33014	□Rensove
			☐ Change
			🖸 Add
			□ Remove
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			☐ Change
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***************************************			□Add
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			□Change

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ated May 22 , 2020	er of: (b)	The 90th day after t
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Signature of a member or authorized representative of a member	Γ	