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COVER LETTER

	Registration So Division of Co			• 2		
aun ine	JJJ Realty	Investments, LLC				
SUBJEC	.T:	Name of Limi	ted Liability Company	·		
The enck	osed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please re	turn all correspo	ondence concerning this matter t	o the following:			
		James Basto				
			Name of Person			
		JJJ Realty Investments, LL	C			
			Firm/Company			
		500 Somerset Way				
		_	Address			
		Weston, FL 33326				
			City/State and Zip Code			
		jbasto_tox@yahoo.com				
For furth	er information c	t:-mail address: (to concerning this matter, please ca	o be used for future annual report n	otification)		
James B	asto		305 968-3495			
	Name o	f Person	Area Code Day	time Telephone Number		
Enclosed	is a check for the	he following amount:				
\$25.0	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 Addres Registration		Street Address: Registration (
	Division of C			Registration Section Division of Corporations		
	P.O. Box 632		The Centre o			
	Tallahassee.	L D 24314	2410 N. Mon	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION OF 7073 N

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JJJ Realty Investments, LLC

SECTIONARY OF STATE

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Company as it now appears on our records, you have the Carlot Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on Janua	iry 13, 2020	and assigned
Florida document number L20000018720			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	:	
Get Lifted Auto Garage, LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desi	gnation "LLC" or the ab	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)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our rec	ords, <u>enter the nam</u>	e of the new regi
New Registered Office Address:			
The Manager of the Manager.	Enter Florido	street address	
		. Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as heing filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of m provided for in Ch	v duties, and I am f apter 605, F.S. Or,	amiliar with and if this document

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	SECRETARY OF DIATE TAILERASORS, FL	Type of Acti
	N/A (none)			□Add
				□Remove
			□ Change	
				DAdd
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				Remove
				□Change

///	changes	2023 NOV 12 AM 7: 19
1=== -		TALLAH VIATE
		
		
	, .	
		
Note: If the da	, if other than the date of is listed, the date must be spe te inserted in this block do petive date on the Departm	of filing:
	es a delayed effective date,	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
e record specific rd is filed.		
	er 6th	2020
rd is filed. Novemb		ure of a member or authorized representative of a member

Filing Fee: \$25.00