L20000054540

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
v. 188	(Business Entity Name)	
<u></u>	(Document Number)	····
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TALLAHASSEE, FL

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2022 HO'' - 9 PK 4:

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FRANK #1 AUTO BODY REPAIR L	I.C
· · ·	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
orginature	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
11/09/22	UCC 11 Search
Name Date Ti	me UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 NOV -9 AM 9: 42
STALLAHASSEE, FL

FRANK #1 AUTO BODY AND 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 Liability Compar Florida document number <u>L20000054540</u>	ny were filed on 02/18/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Entar non-matter 11 and 12		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered	office address on our recor	ds enter the name of the now
registered agent and/or the new registered office address he	ere:	ost enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	vss
		Florida
		Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, a provided for in Chapter 605	and I am familiar with and ES Or if this document is

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	Olga Patrica Macias	2954 White Cedar Cir, Kissimmee	■ Add	
		FL 34741	Remove	
			Change	
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ective date, if other than the effective date is listed, the date must effect the date inserted in this blooment's effective date on the De	be specific and cannot be pack does not meet the ap-	pheable statutory fil	(op more than 90 days af ing requirements, I	tional) ber filing.) Pursuant his date will not h	to 605.02 se listed :
ecord specifies a delayed re 90th day after the reco	effective date, but and is filed.	not an effective	time, at 12:01	a.m. on the	earlier
November 09	2022				
gline,					

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