L2000060830

(Re	equestor's Name)	
(Ac	ldress)	
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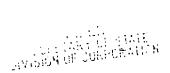
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COVER LETTER

	Registration Sect Division of Corpo				
		L (1. 100)		•	
SUBJEC	:1:	Name of Lim	ited Liability Company		
The encl	osed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspond	dence concerning this matter	to the following:		
	Division of Corporations ECT: Auto Surgeons IL Name of Limited Liability Company nelosed Articles of Amendment and feets) are submitted for filing. Perturn all correspondence concerning this matter to the following: Mickel Hard Name of Person				
		Jula Succes	na lle		
			Firm/Company		
		7540 W N	ninab Ad Eb		
		,			
		North Laudiel	ale FL 330)68	
			City/State and Zip Cod	e	
		aub sugeons Ile &	ope used for future annu	al report notification)	
For furthe					
M.	tcker Hun	7	at (<u>954</u>)	418-5131	l
	Name of I	Person	Area Code	Daytime Telepho	one Number
Enclosed	is a check for the	following amount:			
ゼ\$ 25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee Certified Copy tadditional copy is e		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
į	Mailing Address:		Street .	Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Auto Surgeons 11c		21 AFR 12	AH 11: 47
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on d Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compan	ny were filed on02	124 2020	_ and assigned
Florida document number <u>L2000066830</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the design	nation "ELC" or the abbrev	viation "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:	address on our recor	ds, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	treet address	
	City	Florida	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 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			WILL THE CHAILS			
<u>Title</u>	<u>Name</u>	Address	21 APR 12 AM 11: 48	Type of Action		
MGE	MICHEAL MITCHELL	7540 W	michap Rd North	□Add		
		Lauderdale	H 33068	CRemove		
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