Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : S.LLANIO BUSINESS SERVICES INC

Account Number : I20200000011 Phone : (239)542-9104

Fax Number : (239)540-1760

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

Email Address: 5. Maniobisines agmini com.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 31 CARDINAL DR LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	31 CARDINAI d Liability Compa A Florida Limited I	. DR LLC ny as it now appears on our record liability Company)	15.)	
The Articles of Organization for this Limited Lie Florida document number L20000077616	ability Company	were filed on 03/09/2020	and assig	ned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liah	ility company here:	•	
MOLINA REPAIR LLC				,
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation "LL	" or the abbreviation "L.L.	C.''
Enter new principal offices address, if applica	ıhla•	1911 NE 15TH PL		
·		CAPE CORAL, FL 33909		
(Principal office address MOST BE ASTREE	d office address MUST BE A STREET ADDRESS)		-	
				•
		1911 NE 15TH PL	ا 	
Enter new mailing address, if applicable:		CAPE CORAL, FL 33909	<u> </u>	
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	——————————————————————————————————————		
				; ;
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office : s here:	address on our records, <u>ente</u>	r the name of the new	registered
Name of New Registered Agent:				
New Registered Office Address:	1911 NE 15TH	PL		
New Kegistere Office Annacas.		Enter Florida street addre	:55	
	CAPE CORAL	, F	lor ida	
		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.

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
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,			
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