## 120000 144560

| (F                     | Requestor's Name)       |
|------------------------|-------------------------|
| (A                     | Address)                |
| (F                     | address)                |
| (0                     | City/State/Zip/Phone #) |
| PICK-UP                | MAIL MAIL               |
| (E                     | Business Entity Name)   |
| ([                     | Document Number)        |
| Certified Copies       | Certificates of Status  |
| Special Instructions t | o Filing Officer:       |
|                        |                         |
|                        |                         |
|                        |                         |
|                        |                         |

Office Use Only



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08/18.36 01015--019 \*\*35.66

S. YOUNG



## COVER LETTER

Tallahassee, FL 32314

| SUBJECT:   | Prestige Au-                        | to Service And Repo  | uirs LLC                |
|--|-------------------------------------|--|-------------------------|
| The enclosed Articles of   | Amendment and fee(s) are sub        | mitted for filing.   |                         |
| Please return all correspo   | ondence concerning this matter      | to the following:  |                         |
| SUBJECT: Prestige Auto Service And Repairs UC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following: |                                     |  |                         |
|  | Prestige                            | Auto Savice And i  | Zepairs UC              |
|  | 1301 NW                             | 27 +h. Avenue ul   | nit B                   |
|  |                                     |  |                         |
|  | <u>CO.Sado</u><br>E-mail address: ( | miguel (60 egmail -  | <u>Com</u>              |
| For further information c  | oncerning this matter, please co    | all:   |                         |
|  | COSOCIO<br>of Person                |  |                         |
| Enclosed is a check for t  | he following amount:                |  |                         |
| \$25.00 Filing Fee   |                                     | Certified Copy   | Certificate of Status & |
| Mailing Address Registration Division of C P.O. Box 632  | Section<br>Corporations             | Street Address: Registration Section Division of Corporatio The Centre of Tallahas |                         |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prestige Auto Service and Repairs LLC E

(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 Company v  | wara filed on 5/26                                    | 12021   |
|--|---|---|
| Florida document number <u>L 200014451</u>   | vete filed on   | TOOKO - Mild assigned   |
| Fiorida document number C 2000199 JW   |   | 6   |
| This amendment is submitted to amend the following:  |   | •   |
| A. If amending name, enter the new name of the limited liabil  | ity company here:                                     |   |
|  |   |   |
| The new name must be distinguishable and contain the words "Limited Liability  | y Company," the designation "                         | LLC" or the abbreviation "L.L.C."                                 |
| Enter new principal offices address, if applicable:  |   |   |
| (Principal office address MUST BE A STREET ADDRESS)  |   |   |
|  | ···   | <u> </u>  |
|  |   | •   |
| Enter new mailing address, if applicable:  |   |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | <u> </u>  |
|  |   |   |
| B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:  Name of New Registered Agent:  | ddress on our records, <u>en</u>                      | ter the name of the new registered                                |
| New Registered Office Address:   | Enter Florida street aa                               | ldress  |
|  |   | , Florida   |
|  | City  | Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:  |   |   |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as po-<br>being filed to merely reflect a change in the registered office of<br>company has been notified in writing of this change. | oerformance of my duties<br>rovided for in Chapter 60 | s, and I am familiar with and<br>05, F.S. Or, if this document is |
| If Chang   | ing Registered Agent, Signati                         | ure 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:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | Address   | Type of Action |
|--------------|----------------|---|----------------|
| AMBR         | Miguel Casaldo | 1750 NE 169th. Street<br>North Miami Beach. Fl. 3 | X14dd          |
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| ote: If the             | e date inserted | than the date on<br>the date must be spec-<br>in this block does<br>on the Departme | s not mee    | t the applica                         | able statutory                                 | g or more than s<br>filing require | (optional) (odays after fill ements, this de | ng.) Pursuant to 6 | 05,0207<br>isted as |
| record spe<br>is filed. | cities a delaye | ed effective date,  | but not an   | effective ti                          | me, at 12:01                                   | a.m. on the ea                     | arlier of: (b)                               | The 90th day at    | iter the            |
| ated                    | July<br>2f      | 24<br>, Signatu   | Z re of a me | 2020                                  | 0  | itative of a mer                   | nber   |                    |                     |
|                         |                 |   |              |                                       |  |                                    |  |                    |                     |

E. 635.00