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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

JUNIOR'S AUTO& CUSTOMS LLC SUBJECT: 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: JUNIOR D CRUICKSHANK Name of Person Firm/Company 1039 28TH STREET Address Orlando, FL. 32805 City/State and Zip Code jrautobodyandeustom@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 953-1154 1039 28TH STREET Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & \$25 00 Filing Fee Certificate of Status & Centified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUNIOR'S AUTO& CUSTOMS LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company for ida document number <u>L.20000161492</u> .	were filed on (06/11/2020) and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	oility company here:
IUNIOR'S AUTO BODY & CUSTOM LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	
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 records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	÷
	Enter Florida street address

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.

Cuv

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
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Dated	04/15/21
	Man Can
	Signature of a member or authorized representative of a member

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Typed or printed name of signee