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SURJEC"	ALL GER	ALL GERMAN & DOMESTIC AUTO REPAIR LLC				
505016	••	Name of Lin	nited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		CARLOS F SANABRIA				
SUBJECT: ALL GERMAN & DOMESTIC AUTO REPAIR LLC Name of Limited Liability Company The enclosed Articles of Amendment and rects) are submitted for filing. Please return all correspondence concerning this matter to the following: CARLOS F SANABRIA Name of Person Firm/Company 2779 OLD DIXIE HWY Address KISSIMMEE. FLORIDA 34744 City/State and Zip Code CARLOSHONDA2@GMAIL.COM E-mail authress (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS F SANABRIA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{c} \text{S25.00 Filing Fee} \text{ Certificate of Status} \text{ Certificate Copy (additional copy is enclosed)} Certificate of Status & Certification Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee						
			Firm/Company			
		2779 OLD DIXIE HWY				
			Address			
		KISSIMMEE, FLORIDA	34744			
		CARLOSHONDA2@GMA	•			
		-		fication)		
For furthe	r information c	oncerning this matter, please c	all:			
CARLOS	F SANABRIA	Firm/Company 2779 OLD DIXIE HWY Address KISSIMMEE, FLORIDA 34744 City/State and Zip Code CARLOSHONDA2@GMAIL.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call: A of Person 1 347 Area Code Area Code Daytime Telephone Number S30.00 Filing Fee & Certificate of Status Certificate of Status Section Size A Street Address: Section Corporations Street Address: Registration Section Division of Corporations 27 The Centre of Tallahassee				
	Name o	f Person		e Telephone Number		
Enclosed i	s a check for th	ne following amount:				
■ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
				ction		
Division of Corporations		Division of Corp	Division of Corporations			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL GERMAN & DOMESTIC AUTO R		?
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 07/01/2020	and assigned
Florida document number L20000185576	·	
This amendment is submitted to amend the following:	:	· F. 2:
A. If amending name, enter the new name of the li	imited liability company here:	<u></u>
N/A		
The new name must be distinguishable and contain the words "L	imited Liability Company." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register	red office address on our records, <u>enter the na</u>	me of the new registo
3. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the na</u> <u>e</u> :	me of the new regist
3. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:	red office address on our records, <u>enter the na</u> <u>2</u> :	me of the new regist
Name of New Registered Agent:	red office address on our records, <u>enter the na</u> <u>e</u> :	me of the new registo
gent and/or the new registered office address here	<u>-</u>	me of the new registo
	red office address on our records, <u>enter the na</u> Enter Florida street address Florida	

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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CARLOS F SANABRIA	2779 OLD DIXIE HWY	□Add
		KISSIMMEE, FL 34744	
			Change
			□Add
		-	□Remove
			□Change
			□Add
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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	FEI - 85-1900412	
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an effec <u>ote:</u> If	date, if other than the date of filing:	7 (3)(s the
ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th	
ited _	22/2020	
	Signature of a member or authorized representative of a member	
	CARLOS F SANABRIA	