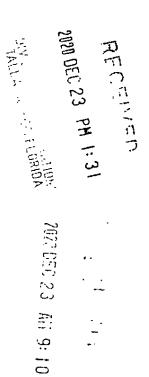


(Requestor's Name) (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Operium maturetona to 1 ming officer.







Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/23/2020		*WALK IN**
ENTITY NAME DIEGO'S	GARAGE LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy Certified Copy Certificate of Status	
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments	
	APOSTILLE' / NOTARIAL CERTIFICATION	· .
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	e above number for any issues or concerns. Thank you so muc	ch!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIEGO'S GARAGE LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
he Articles of Organization for this Limited Liability (Company were filed on 07/08/2020	and assigned
lorida document number L20000194762	<u></u> .	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	702
		, <u> </u>
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		ယ
Mailing address MAY BE A POST OFFICE BOX)		The state of the s
THE DOT OF THE BOX	-	
		
B. If amending the registered agent and/or registered agent and/or the new registered office ado Name of New Registered Agent: New Registered Office Address:		enter the name of the
	Enter Florida street address	
	, Flori	
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gabriela Mejia	7903 NW 74th Terrace Tamarac, FL 33321	
			□ Remove
			☐ Change
			Add
			□ Remove
			Add
			☐ Remove 1
			☐ Change
			DAdd
			Remove
			Change
-			
			Remove
			Change
			☐ Remove
			☐ Change

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	<u> </u>
	_
effective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filir e: If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605.03 v filing requirements, this date will not be listed
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effect he 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
ed 12-22-2020	
/s/ Diego Higa	
	ntative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00