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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| SUBJEC | r. An F | Pointe Auto Ru | pair / J C | |
| NODSEC | 12111 | Name of Lim | iled Liability Company | |
| | | | | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please ret | turn ali correspo | ndence concerning this matter | to the following: | |
| | | | | |
| | | Bonnie St | Naphe of Person | |
| | | 10 Deals | Adm 12.00 116 | \ |
| | | UNI TOINTE | Firm/Company | <u> </u> |
| | | 424 N. 70 | Hh Ave. Apt | A |
| | | Pinsacola | FL 3Q 5000 City/State and Zip Code | |
|) | | AWN Kans L | 4820cmil Com to be used for future annual report notific | cation) |
| For furthe | er information co | oncerning this matter, please ca | all: | |
| 1 0 | r.A- | Tock of | ON 711211 | <u>-</u> 05 |
| | Name o | f Person | at (<u>200</u>) <u>14.74</u> Area Code Daytime | Telephone Number |
| | | | | |
| Enclosed | is a check for th | ne following amount: | | |
| □ \$25.0 | 00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| _ | Mailing Addres | | Street Address: | |
| | Registration S Division of C | | Registration Sect Division of Corp | |
| | P.O. Box 632 | | The Centre of Ta | |
| | Tallahassee, F | | 2415 N. Monroe | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number L This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C." or the abbreviation "L.I.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 address on our records, enter the name of the new registered agent and/or the new registered office address here: 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 heing 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 = M $AMBR = A$ | anager uthorized Member | • 05 | |
|--------------------|----------------------------|--------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Bannic Strong | 424 N Mth AVRAPI | A WAdd |
| | | Pensarola F1 32506 | □Remove |
| | | | □Change |
| MGR | Lena Jister | 2469 Cavalla Loop | X Add |
| | | Pinsarda F1 32526 | |
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| fan effi <u>Note:</u> | date, if other than the date of filing: (optional) (ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a seffective date on the Department of State's records. |
| e record rd is til | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | 8-9- 2020 |
| • | 8-9- 2020. Bani Str |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00